

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004121

FILED
Jan 20, 2009
Secretary of State

Entity Name: LES DEMERLE AMELIA ISLAND JAZZ FESTIVAL, INC.

Current Principal Place of Business:

2139 NATURES GATE COURT, SOUTH
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16684
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 59-3841587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANFORD, DOUGLAS G
SMITH, GAMBRELL & RUSSELL, LLP
50 N. LAURA STREET, STE. 2600
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMERLE, LES
Address: 2139 NATURES GATE COURT SOUTH
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: EISELE-DEMERLE, BONNIE
Address: 2139 NATURES GATE COURT SOUTH
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: COTTLE, STAN
Address: 118 SEA MARSH ROAD
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T () Delete
Name: BLOCHLINGER, CAROLINE
Address: 1871 HIGHLAND DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: SMITH, RICHARD
Address: 2932 ROBERT OLIVER AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SMITH, RICHARD
Address: 2932 ROBERT OLIVER AVENUE
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINE BLOCHLINGER

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01/20/2009

Electronic Signature of Signing Officer or Director

Date