

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16435

FILED
Jan 17, 2008
Secretary of State

Entity Name: THE SUNSHINE JAZZ ORGANIZATION, INC.

Current Principal Place of Business:

1330 NW 93RD ST.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1330 NW 93RD ST.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-2707192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARDS, TIMOTHY D.
2665 S BAYSHORE DR PH 1-A
MIAMI, FL 33133 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: D () Delete
Name: CLARK, RALPH
Address: 20160 NE 3RD CT. APT 2
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: CRAWFORD, VIRGINIA
Address: 16226 SW 92 AVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: VALLES, THELMA
Address: 1330 N.W. 93RD STREET
City-St-Zip: MIAMI, FL 33147

Title: TD () Delete
Name: MACK, JOSEPH
Address: 9820 NW 7TH AVE
City-St-Zip: MIAMI, FL 33150

Title: PD () Delete
Name: VALLES, KEITH
Address: 9201 NW 13TH COURT
City-St-Zip: MIAMI, FL 33147

Title: VPD () Delete
Name: CLARKE, KEITH
Address: 2908 NW 91 STREET
City-St-Zip: MIAMI, FL 33147

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
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Address:
City-St-Zip:

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

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

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: THELMA VALLES

DIR

01/17/2008

Electronic Signature of Signing Officer or Director

Date