2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N16435

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
Name:	
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 D 01/19/2009

Electronic Signature of Signing Officer or Director — Date