# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 8:23

DOCUMENT # **N20946** **(2)**

1. Corporation Name

**AL DOWNING TAMPA BAY JAZZ ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % JOHN C LOCKE<br>1026 FLUSHING AVE.<br>CLEARWATER FL 34624 | % JOHN C LOCKE<br>1026 FLUSHING AVE.<br>CLEARWATER FL 34624 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2153957 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

LOCKE, JOHN C
1026 FLUSHING AVE
CLEARWATER FL 34624

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | WOMACK, BELINDA | 12 NAME | |
| STREET ADDRESS | 5432 DEERBROOK CRK CIR11 | 13 STREET ADDRESS | 7100 HAZELWOOD CT. |
| CITY-ST-ZIP | TAMPA,. FL | 14 CITY-ST-ZIP | TAMPA FL 33615 |
| TITLE | VP | 21 TITLE | VP ☒ Change ☐ Addition |
| NAME | CHISHOLM, LLOYD | 22 NAME | MARK NEUENSCHWANDER |
| STREET ADDRESS | 5149 25TH AVENUE, SO. | 23 STREET ADDRESS | 12711 Palm Drive |
| CITY-ST-ZIP | ST. PETERSBURG FL 33707 | 24 CITY-ST-ZIP | Largo, FL 34644 |
| TITLE | RS | 31 TITLE | RS ☒ Change ☐ Addition |
| NAME | VAUX, FRAN | 32 NAME | LINDA NASH |
| STREET ADDRESS | 775 BONNIE BLVD. | 33 STREET ADDRESS | 520 2nd Avenue N.E. |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | 34 CITY-ST-ZIP | Largo, FL 34640 |
| TITLE | TD | 41 TITLE | ☐ Change ☒ Addition |
| NAME | DOWING, ALVIN J | 42 NAME | |
| STREET ADDRESS | 2121 25TH ST S | 43 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 44 CITY-ST-ZIP | 33712 |
| TITLE | D | 51 TITLE | ☐ Change ☒ Addition |
| NAME | BEVACQUA, MAGGI | 52 NAME | |
| STREET ADDRESS | 411 FIRST AVE N APT 711 | 53 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 54 CITY-ST-ZIP | 33701 |
| TITLE | EO | 61 TITLE | ☐ Change ☒ Addition |
| NAME | FOERTSCH, ANDREW | 62 NAME | |
| STREET ADDRESS | 125 20TH AVE S E | 63 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL | 64 CITY-ST-ZIP | 33705 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added by an attachment with an address.

**SIGNATURE:** _____ May 23rd 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044434