FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name

AL DOWNING TAMPA BAY JAZZ ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JOHN C LOCKE 1026 FLUSHING AVE. CLEARWATER FL 34624	% JOHN C LOCKE 1026 FLUSHING AVE. CLEARWATER FL 34624

3. Date Incorporated or Qualified: 06/03/1987
3a. Date of Last Report: 05/26/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23:
City & State — 28:

Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	WOMACK, BELINDA		1.2 NAME	Theroux, Robert	
STREET ADDRESS	7100 HAZELWOOD CT		1.3 STREET ADDRESS	1030 Bridlewood Way	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Brandon FL	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEUESCHWANDER, MARK		2.2 NAME		
STREET ADDRESS	12711 PALM DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	RS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NASH, LINDA		3.2 NAME		
STREET ADDRESS	520 2ND AVE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOWING, ALVIN J		4.2 NAME		
STREET ADDRESS	2121 25TH ST S		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEVACQUA, MAGGI		5.2 NAME		
STREET ADDRESS	411 FIRST AVE N APT 711		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	EO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FOERTSCH, ANDREW		6.2 NAME		
STREET ADDRESS	125 20TH AVE S E		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: Robert C Theroux 2/18/96 (813)876-4258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)