## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

ST PETERSBURG FL

CITY-ST-ZIP

FILED Sep 11 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N20946 AL DOWNING TAMPA BAY JAZZ ASSOCIATION, INC. Principal Place of Business Mailing Address N JOHN C LOCKE % JOHN C LOCKE 1026 FLUSHING AVE 1026 FLUSHING AVE. DO NOT WRITE IN THIS SPACE CLEARWATER FL 34624 CLEARWATER FL 34624 3a. Date of Last Report 3. Date incorporated or Qualified 06/03/1987 03/21/1996 4. FEI Number Mailing Address 2. Principal Place of Business Applied For 59-2153957 2121 25+4 2121 25 41 52 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be ST. PETERSBUR Trust Fund Contribution 23 Added to Fees Country This corporation owes or has paid the current year Intangible 33712 25 U.S.A. 24 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOWNING Street Address (P.O. Box Number is Not Acceptable) LOCKE, JOHN C **B2** 1026 FLUSHING AVE 83 **CLEARWATER FL 34624** City ST. Zip Code **337**1 こ PETELS BULG 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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 Statules. VICE THE AGE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECT 12. 13 **TORS IN 12** <u>4</u> DELETE Change Addition TITLE 1.1 TITLE SIMS, VINCENT 3800 5TH AVE SO. WOMACK, BELINDA NAME 1.2 NAME 7100 HAZELWOOD CT STREET ADDRESS 1.3 STREET ADDRESS ST. PETE, FL. 3371 TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **NEUESCHWANDER, MARK** 2.2 NAME 12711 PALM DR STREET ADDRESS 2.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Addition TITLE MOENCH, LOSE NASH, LINDA NAME 3.2 NAME ILL AVE. NO 520 2ND AVE NE STREET ADDRESS 3.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ■ DELETE Change Addition TITLE 4.1 TITLE DOWING, ALVIN J NAME 4.2 NAME 2121 25TH ST S STREET ADDRESS 4.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 5.1 TITLE BEVACQUA, MAGGI NAME 5.2 NAME 411 FIRST AVE N APT 711 STREET ADDRESS 5.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 5.4 CITY-ST-ZIP ĒΟ DELETE Change Addition TITLE 6.1 TITLE FOERTSCH, ANDREW NAME 6.2 NAME 125 20TH AVE S E STREET ADDRESS **6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

8/10/07 (012) 221-2246