


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).

FILED  
Aug 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21405** (8)

1. Corporation Name

**SOUTHWEST FLORIDA JAZZ SOCIETY, INC.**



Principal Place of Business <b>C/O DONALD B. PODELL 4322 COUNTRY CLUB BLVD. CAPE CORAL FL 33904 US</b>	Mailing Address <b>C/O DONALD B. PODELL 4322 COUNTRY CLUB BLVD. CAPE CORAL FL 33904 US</b>
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DO NOT WRITE IN THIS SPACE

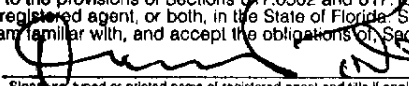
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>06/30/1987</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>65-0075414</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TAYLOR, EILEEN 2242 BURTON FT MYERS FL 33907</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>DONALD PODELL</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4322 COUNTRY CLUB BLVD</b>	
83 City <b>CAPE CORAL</b>	
84 State <b>FL</b>	85 Zip Code <b>33904</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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  **8/21/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FARINE, ARLENE M</b>	
STREET ADDRESS <b>4804 MACKINAW AVE</b>	
CITY-ST-ZIP <b>N FT MYERS FL</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TAYLOR, EILEEN</b>	
STREET ADDRESS <b>2242 BURTON</b>	
CITY-ST-ZIP <b>FT MYERS FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WINNER, JERRY</b>	
STREET ADDRESS <b>167 SW 53RD STREET</b>	
CITY-ST-ZIP <b>CAPE CORAL FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>LEWIS, MILLIE B.</b>	
STREET ADDRESS <b>1307 MELALEUCA LANE</b>	
CITY-ST-ZIP <b>FT MYERS FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>JOHN WILLIAMS</b>	
1.3 STREET ADDRESS <b>210 S.E. 44TH ST</b>	
1.4 CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>	
2.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>DONALD PODELL</b>	
2.3 STREET ADDRESS <b>4322 COUNTRY CLUB BLVD</b>	
2.4 CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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.

CR2E037 (4/97)