

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 C/O DONALD B. PODELL 4322 COUNTRY CLUB BLVD. CAPE CORAL FL 33904 US	Mailing Address C/O DONALD B. PODELL 4322 COUNTRY CLUB BLVD. CAPE CORAL FL 33904 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PODELL, DONALD
4322 COUNTRY CLUB BLVD
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified 06/30/1987
4. FEI Number 65-0075414
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	82 S	83	84 City	85 Zip Code
Mr. Donald Podell 4322 Country Club Blvd. Cape Coral, FL 33904				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN	
STREET ADDRESS	210 SE 44TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PODELL, DONALD	
STREET ADDRESS	4322 COUNTRY CLUB BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINNER, JERRY	
STREET ADDRESS	187 SW 53RD STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEWIS, MILLIE B.	
STREET ADDRESS	1307 MELALEUCA LANE	
CITY-ST-ZIP	FT MYERS FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mr. Donald Podell
2.3 STREET ADDRESS	4322 Country Club Blvd.
2.4 CITY-ST-ZIP	Cape Coral, FL 33904
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 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.

SIGNATURE: _____ DATE: **4/29/98**

CR2E037 (1097)