


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39662</b>			
1. Entity Name <b>CHARLOTTE COUNTY JAZZ SOCIETY, INC.</b>			
Principal Place of Business <b>C/O GILBERT JOHNSON 282 GOIANA STREET PT CHARLOTTE FL 33949-5321</b>		Mailing Address <b>PO BOX 495321 282 GOIANA STREET PT. CHARLOTTE FL 33949-5321</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>JOHNSON, GILBERT 282 GOIANA STREET PORT CHARLOTTE FL 33983</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Gilbert L. Johnson</i> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <i>Jeffrey L. Johnson</i> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARMELE, MIKE P O BOX 494833 PORT CHARLOTTE FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTLER, LEONARD 3255 ITHACA ST. PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000201408 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/28/05-80064-024 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARMELEE, MIKE PO BOX 494833 PT. CHARLOTTE FL 33949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILKINS, GERALD 3033 CONWAY BLVD. PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GASPARRI, JOSEPH 1206 WATERSIDE STREET PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HIXON, DON 11334 SW ESSEX DR ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey L. Johnson* TREASURER 1/25/05 1-941-766-9422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR