


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90048 020 \*\*\*\*61.25

**DOCUMENT # N39662**

1. Entity Name  
**CHARLOTTE COUNTY JAZZ SOCIETY, INC.**



Principal Place of Business  
C/O GILBERT JOHNSON  
282 GOIANA STREET  
PT CHARLOTTE FL 33949-5321

Mailing Address  
PO BOX 495321  
282 GOIANA STREET  
PT. CHARLOTTE FL 33949-5321



2. Principal Place of Business  
**3262 CONWAY BLVD.**

3. Mailing Address  
**PO BOX 495321**

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State  
**PORT CHARLOTTE FL**

4. FEI Number  
**65-0213972**

Applied For  
Not Applicable

Zip  
**33949-5321**

Country  
**Charlotte.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, GILBERT  
282 GOIANA STREET  
PORT CHARLOTTE FL 33983**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 *Gilbert E. Johnson* DATE **Feb 8, 2006**

(NOTE: Registered Agent signature required when reinstated)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PARMELE, MIKE	
STREET ADDRESS	P O BOX 494833	
CITY-ST-ZIP	PORT CHARLOTTE FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, LEONARD	
STREET ADDRESS	3255 ITHACA ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARMELEE, MIKE	
STREET ADDRESS	PO BOX 494833	
CITY-ST-ZIP	PT. CHARLOTTE FL 33949	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, GERALD	
STREET ADDRESS	3033 CONWAY BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASPARRI, JOSEPH	
STREET ADDRESS	1206 WATERSIDE STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIXON, DON	
STREET ADDRESS	11334 SW ESSEX DR	
CITY-ST-ZIP	ARCADIA FL 34266	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS CEDNIK	
STREET ADDRESS	3229 ROCK CREEK DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY RENIE	
STREET ADDRESS	231 E. TARPON BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Gilbert E. Johnson* **GILBERT E. JOHNSON 2/8/06** (941) 766-9422