2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90020 006 ****61.25

DOCUMENT # N39662

1. Entity Name

CHARLOTTE COUNTY JAZZ SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O GILBERT JOHNSON 3262 CONWAY BLVD PT CHARLOTTE FL 33949-5321	PO BOX 495321 PT. CHARLOTTE FL 33949-5321

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11334 SW ESSEX DR	PO Box 495321
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ARCADIA, FL	City & State: PORT CHARLOTTE, FL
Zip: 34266 Country: US	Zip: 33949-5321 Country: US

4. FEI Number: 65-0213972 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, GILBERT 282 GOIANA STREET PORT CHARLOTTE FL 33983	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: [signature] Feb 14, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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			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	☒ Delete	P HIXON, DON 11334 S.W. ESSEX DR ARCADIA, FL 34266	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BUTLER, LEONARD 3255 ITHACA ST. PORT CHARLOTTE FL 33952	☐ Delete	Texas, Gilbert L. Johnson 282 Goiana St. Port Charlotte 33983	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CZEDIK ~~GRODIK~~, CHRIS 3229 ROCK CREEK DR PORT CHARLOTTE FL 33948	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D RENIRIE ~~RENIERE~~, JERRY 231 E TARPON BLVD PORT CHARLOTTE FL 33952	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GASPARRI, JOSEPH 1206 WATERSIDE STREET PORT CHARLOTTE FL 33952	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP HIXON, DON 11334 SW ESSEX DR ARCADIA FL 34266	☒ Delete	VP CHRIS (BROWN) FITZGERALD 3168 TERRYTOWN STREET PORT CHARLOTTE, FL 33952	☒ Change	☐ Addition

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: [signature] TREASURER 2/14/07 941-629-6063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #