

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90122 004 ****61.25

DOCUMENT # N39662			
1. Entity Name CHARLOTTE COUNTY JAZZ SOCIETY, INC.			
Principal Place of Business C/O GILBERT JOHNSON <i>Delete</i> 1133 SW ESSEX DR. ARCADIA, FL 34266		Mailing Address PO BOX 495321 PT. CHARLOTTE, FL 33949-5321	
2. Principal Place of Business - No P.O. Box # <i>3168 Tarytown St</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Port Charlotte FL</i>		City & State	
Zip <i>33952</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 65-0213972		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <i>Delete</i>		Name <i>Gerald Wilkins</i> Street Address (P.O. Box Number is Not Acceptable) <i>19325 Water Oak Dr. # 108</i> City <i>Port Charlotte</i> FL Zip Code <i>33948</i>	
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>Gerald Wilkins, Gerald Wilkins, President 8/6/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HIXON, DON 11334 SW ESSEX DR. ARCADIA, FL 34266 <i>Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gerald Wilkins 19325 Water Oak Dr # 108 Port Charlotte FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, LEONARD 3255 ITHACA ST. PORT CHARLOTTE, FL 33952 <i>Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Parmelee P.O. Box 4944533 Port Charlotte FL 33949 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZEDIK, CHRIS 3229 ROCK CREEK DR PORT CHARLOTTE, FL 33948 <i>Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred Capitelli 21150 Gertrude Place # P-1 Port Charlotte FL 33952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENIRIE, JERRY 231 E TARPON 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 FITZGERALD, CHRIS B 3168 TERRYTOWN ST. PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Christine W. Brown 3168 Tarytown St Port Charlotte FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 <i>Gerald Wilkins, President 8/6/08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>8/6/08</i> Daytime Phone # <i>941-255-0383</i>	