**FILE NOW: FILING FEE IS \$61.25** 

**NOMPROFIT CORPORATION** ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State . DIVISION OF CORPORATIONS

FILED 93 JUN -2 AM 9: 00

Principal Place of Business Mailing Address PO BOX 7278 CLEARWATER FL 34618  Principal Place of Business Mailing Address PO BOX 7278 CLEARWATER FL 34618  CLEARWATER FL 33755 US						JALLAHASSEE, FLORIDA  3. Date Incorporated or Qualified  11/16/1992				
<b>!</b>						4. FEI Number 59-3151781	1 1	oplied For ot Applicable	$\dashv$	
2. Principal Place of Business 2a. Mailing Address				_		5. Certificate of Status Desired		Additional	1	
21 26 Suite Ant # 210								equired	-	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						Election Campaign Financing     Trust Fund Contribution	\$5.00 ( Added to			
City & State City & State						7. Is this nonprofit corporation a homeown			1	
23		28				☐ Yes	□No		1	
Zip 24	Country 25	Zip	30 Cour	ntry		This corporation owes or has paid the c     Personal Property Tax due June 30.		tangible ] No		
	9. Name and Address of Currer					10. Name and Address of New Registered	Agent		1	
			)	<b>61</b> Name	•					
DUNN, JANE				62 Stree	eet Address (P.O. Box Number is Not Acceptable)				1	
516 N. FORT HARRISON AVE.				83					┨	
I CLEARY	VATER FL 34615		Ì	63					╛	
				84 City		FI	<b> 85  Z</b> ip	Code		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the ab	ove-name	d corpo	ration submits this statement for the purpose	of changing it	ts registered	1	
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	Signature typed or printed name of registered age	and title if explosition (NOT	E: Begintared	Agent elegant	ro roquiro	d when reinstating) DATE			]_	
12.		D DIRECTORS.	13.	Agent agricus		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	Š	
TITLE	PD	DELETE	1.1 TIT	LE	1	- 1	Change	Addition	15	
NAME	KLEINE, DALE	$\sim$	1.2 NA	ME	1	See arriched			2	
STREET ADDRESS	710 COURT ST		1.3 STF	REET ADDRESS	1				ľ	
CITY-ST-ZIP	CLEARWATER FL		_	Y-ST-ZIP	<u> </u>				18	
TITLE	VPD	☐ DELETE	2.1 TIT				Change	Addition	۲	
NAME	WILLIAMS, OUIDA	0	2.2 NA			600002545	200	1	J.	
STREET ADDRESS	9455 KOGER BLVD SUITE 21	9		REET ADDRESS	pro registr	<b>90000254</b> 9 -06/05/98	กากจา	ບບູລ ຼື ່	2	
CITY-ST-ZIP	ST PETERSBURG FL	DELETE	2. 4 CI	TY-S1-ZIP	* * *	****132.50	- 「御楽家家」	32 Jahren	┨.	
TITLE	GRIMSDALE, GAIL	LYDELEIE	3.7 III	•	1 .		- FTD - counting o	CATTER CONTRACTOR	ľ	
STREET ADDRESS	311 S. MISSOURI AVE.	•		me Reet address						
CITY-ST-ZIP	OLEARWATER FL 34616		0.00.	IEET MUUNESS TY-ST-ZIP					1	
TITLE	SD	DELETE	4.1 1(1	_	†		Change	☐ Addition	1	
NAME	GEMAL, LISA	7	4. 2 NA							
STREET ADDRESS	2563 STONY BROOK			REET ADDRESS						
CITY-ST-ZIP	OLEARWATER FL 34621	<u></u> -	4.4 CIT	Y-ST-ZIP	<u> </u>				_]	
TITLE	D	DELETE	5.1 TIT	LE			Change Change	Addition		
NAME	HUFFER-TAYLOR, DEBBIE	~	5.2 NA	ME						
STREET ADORESS	706 BOUGH AVE		5.3 STF	REET ADDRESS						
CITY-ST-ZIP	OLEARWATER FL 34821			Y-ST-ZIP	<del> </del>		110	A) 4 4 2 10	4	
TITLE	D SAPPANDA OLAHOD	DELETE	6.1 TIT				L. Change		1	
NAME	MIRANDA, CLAUDE	•	6.2 NA		1		N	77190		
STREET ADORESS	18122 GUNN HIGHWAY ODESSA FL 33556			REET ADDRESS			U	01 M		
CITY, ST. ZIP	LAUCOOM FL 30300		■ 64 C/T	Y - ST - 7IP	1		-	-	F	

14. Thereby 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



## CLEARWATER JAZZ HOLIDAY INC. BOARD MEMBERS

1998	
VICKI SCOTTI PRESIDENT  1824 N SUNSET POINT ROAD  CLEARWATER FL 33765  Steve Cohn VICE PRESIDENT  Barnett Bank  200 Central Avenue #1800  St. Petersburg, Fl. 33701	892-1524 work 539-1109 home
Lisa Gemal SECRETARY GTE 2563 Stoney Brook Lane Clearwater, Fl. 33761	483-2385 work 725-4300 home
Cris Snyder TREASURER Baycare Services, Inc. 11525 47th Street North Clearwater, Fl. 33765	573-7608 work 734-9148
Ouida Williams Tampa Bay Regional Planning P.O. Box 8242 Clearwater, FL. 33758	577-5151 x260 work 461-6162 home
Suze Martin AAA Acu-Med Health Center 2101 Indian Rock Road Largo, Fl. 33774	585-4357 work 585-5304 home
Phil Henderson Bayride, Inc. P.O. Box 3563 Clearwater, FL. 33767	442-5600 work 734-5055 home
Oliver Kugler Sea Stone Resort 4450 Hamden Drive	442-6123 work 585-1580 home

Clearwater, FL. 33767

Mike Kindt Lewis, Birch and Ricardo 33 North Garden Ave #800 Clearwater, FL. 33755 446-3058 work 441-1499 fax

Jane S. Dunn, Esq. 516 North Ft. Harrison Clearwater, FL. 33755

446-1786 work 586-2236 home

April 13, 1998