

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90136 016 ****61.50

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DOCUMENT # N92000000291

1. Corporation Name

CLEARWATER JAZZ HOLIDAY, INC.

Principal Place of Business

PO BOX 7278
CLEARWATER FL 34618

Mailing Address

516 N FT HARRISON
CLEARWATER FL 33755
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 311 S. Missouri Ave.

27 Suite, Apt. #, etc.

28 City & State

Clearwater, Florida

29 Zip

33756

Country

30 US

3. Date Incorporated or Qualified

11/16/1992

4. FEI Number

59-3151781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUNN, JANE
516 N. FORT HARRISON AVE.
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

C. A. Sullivan, Esq.

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

311 S. Missouri Avenue

83

84 City

Clearwater

85

Zip Code

FL 33756

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 C. A. Sullivan, Esq.

3-2-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCOTTI, VICKI	
STREET ADDRESS	200 CENTRAL AVENUE., #1800	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, OUIDA	
STREET ADDRESS	9455 KOGER BLVD SUITE 219	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SNYDER, CRIS	
STREET ADDRESS	11525 47TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GEMAL, LISA	
STREET ADDRESS	2563 STONEY BROOK LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, JANE	
STREET ADDRESS	516 NORTH FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, SUZE	
STREET ADDRESS	2101 INDIAN ROCK ROAD	
CITY-ST-ZIP	LARGO FL 33774	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REID, BARB	
1.3 STREET ADDRESS	16 FERNBROOKE DRIVE	
1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHANDLER, LISA	
2.3 STREET ADDRESS	1530 CHATEAU WOOD DRIVE	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33764	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SULLIVAN, C. A.	
3.3 STREET ADDRESS	311 SOUTH MISSOURI AVENUE	
3.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HENDERSON, PHIL	
4.3 STREET ADDRESS	P.O. BOX 3563 N/A	
4.4 CITY-ST-ZIP	CLEARWATER, FL 33767	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vicki Scotti, President/Director

3/2/99

Date

Daytime Phone #

CR2E037 (11/98)