

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000291

FILED
Apr 20, 2004
Secretary of State

Entity Name: CLEARWATER JAZZ HOLIDAY, INC.

Current Principal Place of Business:

PO BOX 7278
CLEARWATER, FL 34618

New Principal Place of Business:

Current Mailing Address:

311 S MISSOURI AVE
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3151781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, C.A. ESQ
311 S MISSOURI AVE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLDS, JANE
Address: 2985 MAYFAIR CT.
City-St-Zip: CLEARWATER, FL 33761

Title: VD () Delete
Name: HUDOCK, AMY
Address: 1488 CAIRN CT.
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: BELLA, ROBIN
Address: 1141 FRIAR TUCK LANE
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: OLDS, JANE
Address: 2985 MAYFAIR COURT
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: COHN, MARY A
Address: 29251 US 19 N.
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: COTICCHIO, JENI
Address: 10719 ASHFORD OAKS DR.
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FOLSOM, SUSAN
Address: 1605 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN FOLSOM

TD

04/20/2004

Electronic Signature of Signing Officer or Director

Date