

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000291

FILED  
May 03, 2005  
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:

2508 NE COACHMAN RD  
STE 8  
CLEARWATER, FL 33755

## Current Mailing Address:

311 S MISSOURI AVE  
CLEARWATER, FL 33756 US

## New Mailing Address:

2508 NE COACHMAN RD  
STE 8  
CLEARWATER, FL 33755 US

FEI Number: 59-3151781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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: COTICCHIO, JENI  
Address: 10719 ASHFORD OAKS DR.  
City-St-Zip: TAMPA, FL 33625

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: SMITH, BILL  
Address: 2508 NE COACHMAN RD  
City-St-Zip: CLEARWATER, FL 33755

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

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

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

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

05/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date