

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000291

FILED
Apr 25, 2006
Secretary of State

Entity Name: CLEARWATER JAZZ HOLIDAY, INC.

Current Principal Place of Business:

2508 NE COACHMAN RD
STE 8
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

2508 NE COACHMAN RD
STE 8
CLEARWATER, FL 33755 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:

FOLSOM, SUSAN
2508 NE COACHMAN RD
STE 8
CLEARWATER, FL 33755 US

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: SUSAN FOLSOM

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: 2508 NE COACHMAN RD STE 8
City-St-Zip: CLEARWATER, FL 33755

Title: VPD (X) Change () Addition
Name: SMITH, BILL
Address: 2508 NE COACHMAN RD STE 8
City-St-Zip: CLEARWATER, FL 33755

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

Title: TD (X) Change () Addition
Name: FOLSOM, SUSAN
Address: 2508 NE COACHMAN RD STE 8
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/25/2006

Electronic Signature of Signing Officer or Director

Date