

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000291

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: CLEARWATER JAZZ HOLIDAY, INC.

## Current Principal Place of Business:

2508 NE COACHMAN RD  
STE 8  
CLEARWATER, FL 33755

## Current Mailing Address:

2508 NE COACHMAN RD  
STE 8  
CLEARWATER, FL 33755 US

## New Principal Place of Business:

1130 CLEVELAND ST  
STE 1  
CLEARWATER, FL 33755

## New Mailing Address:

1130 CLEVELAND ST  
STE 1  
CLEARWATER, FL 33755 US

FEI Number: 59-3151781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FOLSOM, SUSAN  
1130 CLEVELAND ST  
STE 1  
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:

04/27/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JENI, COTICCHIO  
Address: 2508 NE COACHMAN RD STE 8  
City-St-Zip: CLEARWATER, FL 33755

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WILLIAM, SMITH  
Address: 1130 CLEVELAND ST STE1  
City-St-Zip: CLEARWATER, FL 33755

Title: VPD (X) Change ( ) Addition  
Name: CALLAHAN, SHERRI  
Address: 1130 CLEVELAND ST, STE 1  
City-St-Zip: CLEARWATER, FL 33755

Title: TD (X) Change ( ) Addition  
Name: FOLSOM, SUSAN  
Address: 1130 CLEVELAND ST, STE 1  
City-St-Zip: CLEARWATER, FL 33755

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

04/27/2007

Electronic Signature of Signing Officer or Director

Date