

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000291

FILED
Jan 04, 2008
Secretary of State

Entity Name: CLEARWATER JAZZ HOLIDAY, INC.

Current Principal Place of Business:

1130 CLEVELAND ST
STE 1
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1130 CLEVELAND ST
STE 1
CLEARWATER, FL 33755 US

New Mailing Address:

PO BOX 7278
CLEARWATER, FL 33758 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
1130 CLEVELAND ST
STE 1
CLEARWATER, FL 33755 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: WILLIAM, SMITH
Address: 1130 CLEVELAND ST STE1
City-St-Zip: CLEARWATER, FL 33755

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAM, SMITH
Address: 1130 CLEVELAND ST, STE 1
City-St-Zip: CLEARWATER, FL 33755

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

Title: T (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

T

01/04/2008

Electronic Signature of Signing Officer or Director

Date