2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N95000005617

Entity Name: TAMPA JAZZ CLUB, INC.

Current Principal Place of Business:

508 SHADOW GROVE CT
LUTZ, FL 33549

New Principal Place of Business:

4740 EVERHART DRIVE
LAND O LAKES, FL 34639

Current Mailing Address:

508 SHADOW GROVE CT
LUTZ, FL 33549

New Mailing Address:

4740 EVERHART DRIVE
LAND O LAKES, FL 34639

FEI Number: 59-3356290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORTHLEY, GARY
4740 EVERHART DR.
LAND O LAKES, FL 34639 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: DP ( ) Delete
Name: LYONS, JAMES
Address: 29776 BAYHEAD RD.
City-St-Zip: DADE CITY, FL 33523

Title: DVP ( ) Delete
Name: MANTHOS, JACQUELINE
Address: 17008 SHADY PINES DR
City-St-Zip: LUTZ, FL 33549

Title: DT ( ) Delete
Name: WORTHLEY, GARY
Address: 4740 EVERHART DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: SEYMOUR, ROBERT
Address: 210 W COMANCHE AVE
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GARY WORTHLEY T 04/14/2005
Electronic Signature of Signing Officer or Director — Date