

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005617 1. Entity Name TAMPA JAZZ CLUB, INC.					
Principal Place of Business 4740 EVERHART DRIVE LAND O LAKES FL 34639				Mailing Address 4740 EVERHART DRIVE LAND O LAKES FL 34639	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FCI Number 59-3356290	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WORTHLEY, GARY 4740 EVERHART DR. LAND O LAKES FL 34639				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYONS, JAMES 29776 BAYHEAD RD. DADE CITY FL 33523	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MANTHOS, JACQUELINE 17008 SHADY PINES DR LUTZ FL 33549	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WORTHLEY, GARY 4740 EVERHART DR. LAND O LAKES FL 34639	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, ROBERT 210 W COMANCHE AVE TAMPA FL 33604	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				



1st MOORE CR2E037 (10/05)

Applied For
Not Applicable

FL Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. WORTHLEY

3/27/06 813 996-53