2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004
Secretary of State

DOCUMENT# N97000006764

Entity Name: JAZZ ON THE GREEN, INC.

Current Principal Place of Business:

13141 MCGREGOR BLVD.
SUITE 9
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6567
FORT MYERS, FL 33911

New Mailing Address:

FEI Number: 65-0847850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMANN, RAYMOND L
7370 COLLEGE PARKWAY
SUITE 300
FORT MYERS, FL 33907

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:	TAYLOR, WILLIAM	
Address:	15321 RIVER BY ROAD	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	VP	( ) Delete
Name:	HOWE, TARA	
Address:	4010 DELEON STREET #C2	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	TD	( ) Delete
Name:	CHOUINARD, JAMES A	
Address:	4717 SW 13TH AVE., STE 208	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	D	( ) Delete
Name:	WILLIAMS, SHAWN	
Address:	5628 SHADELEE LANE	
City-St-Zip:	FORT MYERS, FL 33901	

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: JAMES A .CHOUINARD T 08/30/2004

Electronic Signature of Signing Officer or Director — Date