

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90500 017 ****61.25

DOCUMENT # N97000006764 1. Entity Name JAZZ ON THE GREEN, INC.						
Principal Place of Business 13141 MCGREGOR BLVD. SUITE 9 FORT MYERS, FL 33919			Mailing Address P.O. BOX 6567 FORT MYERS, FL 33911			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
4. FEI Number 65-0847850			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHUMANN, RAYMOND L 7370 COLLEGE PARKWAY SUITE 300 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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.						
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 RD Chairman	NAME TAYLOR, WILLIAM		<input type="checkbox"/> Delete	TITLE D President + Director	NAME Bleed Renee	
STREET ADDRESS 15321 RIVER BY ROAD	CITY-ST-ZIP FORT MYERS, FL 33908		<input type="checkbox"/> Change	STREET ADDRESS 6752 Plantation Pines	CITY-ST-ZIP FORT MYERS FL 33919	
TITLE VP D	NAME HOWE, TARA		<input type="checkbox"/> Delete	TITLE Director	NAME BLED SOE ROD	
STREET ADDRESS 4010 DELEON STREET #C2	CITY-ST-ZIP FORT MYERS, FL 33901		<input type="checkbox"/> Change	STREET ADDRESS 6752 Plantation Pines	CITY-ST-ZIP Fort Myers FL 33913	
TITLE FD D	NAME CHOVINARD, JAMES A		<input type="checkbox"/> Delete	TITLE D Vice President	NAME Kennedy, Barbara	
STREET ADDRESS 4747 SW 13TH AVE., STE 208	CITY-ST-ZIP CAPE CORAL, FL 33914		<input type="checkbox"/> Change	STREET ADDRESS 610 SW 26th Terrace	CITY-ST-ZIP Cape Coral FL 33914	
TITLE D EXEC VP + D	NAME WILLIAMS, SHAWN		<input type="checkbox"/> Delete	TITLE D SECRETARY	NAME MUMMA, Diana	
STREET ADDRESS 6628 SHADELEE LANE	CITY-ST-ZIP FORT MYERS, FL 33901		<input type="checkbox"/> Change	STREET ADDRESS 6720 ABBOTT STREET	CITY-ST-ZIP FORT MYERS FL 33912	
TITLE D Treasurer	NAME JOHN HARTMANN		<input type="checkbox"/> Delete	STREET ADDRESS 2136 WOODLAND BLVD	CITY-ST-ZIP FORT MYERS FL 33907	
TITLE D	NAME WILLIAMS, SHAWN		<input type="checkbox"/> Delete	TITLE D	NAME WILLIAMS, SHAWN	
STREET ADDRESS 15720 DEVORG LANE	CITY-ST-ZIP FORT MYERS, FL 33919		<input type="checkbox"/> Change	STREET ADDRESS 15720 DEVORG LANE	CITY-ST-ZIP FORT MYERS, FL 33919	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>William H. Taylor</u>			Date <u>4/28/2005</u> Daytime Phone # <u>800 292 4649</u>			