
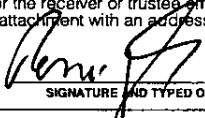


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90015 024 ****61.25

DOCUMENT # N98000003619 1. Entity Name THE SWING AND JAZZ PRESERVATION SOCIETY OF FLORIDA, INC.					
Principal Place of Business 7808 CORAL LAKE DRIVE DELRAY BEACH, FL 33446			Mailing Address 7808 CORAL LAKE DR. DELRAY BEACH, FL 33446		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZERAH, RENE 7808 CORAL LAKE DRIVE DELRAY BEACH, FL 33446				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMAN, HOWARD		NAME	JACK WILKES	
STREET ADDRESS	11464 VIA ROY AVENUE		STREET ADDRESS	7761 SILVER LAKE DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORNBLAU, GERTRUDE		NAME	AL NIEREL	
STREET ADDRESS	5683 SWAYING PALM WAY		STREET ADDRESS	7790 KING HURST DRIVE	
CITY-ST-ZIP	PALM BEACH, FL 33437		CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATLAS, JERRY		NAME	MARTHA MAZOR	
STREET ADDRESS	10921 LAKEMORE LN, APT. B		STREET ADDRESS	13462 FLORENZA CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERAH, RENE		NAME		
STREET ADDRESS	7808 CORAL LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, PAUL		NAME		
STREET ADDRESS	1100 S. OCEAN BLVD., APT. 82		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESTENBAUM, MARTIN		NAME		
STREET ADDRESS	10983 HIGHLAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
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: 			President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 11/19/04 Daytime Phone #: 361-4999893		