## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 10, 2005 8:00 am Secretary of State

01-10-2005 90027 031 \*\*\*\*61.25

ARRIVAL REI VIII	
DOCUMENT # N9800003619	
1. Entity Name THE SWING AND JAZZ PRESERVATION SOCIETY OF	

FLORIDA, INC.



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Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   01042005 Chg-NP CR2E037 (10/03)   City & State   City & City & City & State   City & City & City & City & State   City &	7808 CORAL LAKE DRIVE			7808 CORAL LAKE DR.				40000270								
City & State  Country  Country  S. Certificate of Status Desired  State Address of District of Status Desired  State Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  Floating  City  FL  Zip Code  Floating  City  FL	Principal Place of Business     3. Mailing.				g Address											
City & State  Country  Country  S. Certificate of Status Desired  State Address of District of Status Desired  State Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  Floating  City  FL  Zip Code  Floating  City  FL	Suite, Apt.	. #, etc.		Suite	e, Apt. #, etc.				040420	ΛE	<u> </u>					
South   Sout					•					Chg-NP		CR2E	037 (10/	03)		
Signature   Sign	City & Stat	te		City & State						865			-	-	Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Zip Country				5. Certific	cate of	Status Des	ired		\$8.75 Fee Re	Addit	tional
Street Address (P.O. Box Number is Not Acceptable)		6. Name ar	nd Address of Current I	Registered	Agent				7. Name	and A	ddress of I	New Re	gistered	Agent		
City   FL   Zip Code	ZERAH, R	ENE		*		-										·
City   FL   Zip Code					·			Street Address (P.O. Box Number is Not Acceptable)								
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, as the obligations of registered agent.  SIGNATURE    Signature, typed or private name of registered agent and title if applicable.   PACTE: Registered Agent signature required whon rentatarry)   DATE	DEE: UT	JE 10.11. E	307.10					-								
SIGNATURE    Signature, typed or private name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	'					-	City						FI	Zip	Code	
Signature, typed or proted name of registered agent and little if applicable.   NATE: Registered Agent signature required when narisataling)   DATE				the purpos	se of changing its r	egister	ed office o	r register	ed agent, o	r both,	, in the State	of Flor	ida. I an	n familiar	with, a	nd accept
Filing Fee is \$61.25 Due by May 1, 2005  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE MAKE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33446  TITLE MAKE TITLE MAKE TITLE MAKE TITLE MAKE MILES, JACK MILES, JA	SIGNATURE			ad title I applie	abla (NOTE	Decision	d &						0.45			
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITIE	<u> </u>	Signature, typeu or ;	orred rame or registered agent a	по ше и врак	able. (NOTE:	negistere	a Agent signs	wra required	when reinstating	g) 	<del></del>		UATE			
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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 tike empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #