

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N98000007090

1. Entity Name
LAKESIDE JAZZ FESTIVAL, INC.



Principal Place of Business
**801 TAYLOR ROAD
PORT ORANGE, FL 32127**

Mailing Address
**P.O. BOX 290826
PORT ORANGE, FL 32129-9082**



04282007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3546106

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KIDD, ANDREW C
6105 EVERGLADES DRIVE
PORT ORANGE, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000760929
05/25/07-80034-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIDD, ANDREW C
STREET ADDRESS	6105 EVERGLADES DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	GILLET, BRAD H
STREET ADDRESS	100 PORPOISE BAY RD, # 306
CITY-ST-ZIP	DAYTONA BEACH, FL 32014
TITLE	P
NAME	MARTIN, MARY S
STREET ADDRESS	12 WOODLAKE DR.
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	T
NAME	HALL, BARBARA A
STREET ADDRESS	201 CAMBRIDGE BLVD.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	P
NAME	MACKENZIE, SUSAN
STREET ADDRESS	691 BRECKENRIDGE DR
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Barbara A Hall Barbara A Hall 4/29/07 386-843-2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #