

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
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**



01272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000005109
02/05/08-80096-009 70.00

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

386-843-2470

Daytime Phone #

Barbara A Hall