

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007090

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: LAKESIDE JAZZ FESTIVAL, INC.

## Current Principal Place of Business:

801 TAYLOR ROAD  
PORT ORANGE, FL 32127

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 290826  
PORT ORANGE, FL 321299082

## New Mailing Address:

FEI Number: 59-3546106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KIDD, ANDREW C  
Address: 6105 EVERGLADES DR.  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: GILLET, BRAD H  
Address: 100 PORPOISE BAY RD. # 306  
City-St-Zip: DAYTONA BEACH, FL 32014

Title: P ( ) Delete  
Name: MARTIN, MARY S  
Address: 12 WOODLAKE DR.  
City-St-Zip: PORT ORANGE, FL 32119

Title: T ( ) Delete  
Name: HALL, BARBARA A  
Address: 201 CAMBRIDGE BLVD.  
City-St-Zip: PORT ORANGE, FL 32127

Title: P ( ) Delete  
Name: MACKENZIE, SUSAN  
Address: 691 BRECKENRIDGE DR  
City-St-Zip: PORT ORANGE, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GILLARD, KEEVIN  
Address: 1317 EDGEWATER ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: MACKENZIE, SUSAN  
Address: 691 BRECKENRIDGE DR  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A HALL

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date