

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20946

Entity Name: AL DOWNING TAMPA BAY JAZZ ASSOCIATION, INC.**Current Principal Place of Business:**740 4TH STREET NORTH
SUITE171
ST PETERSBURG, FL 33701**Current Mailing Address:**PO BOX 2240
ST PETERSBURG, FL 33731-2240 US**FEI Number:** 59-2153957**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCLEAVE, ALVINETTE DOWNING
6735 31ST WAY SOUTH
APT. C
ST. PETERSBURG, FL 33712 US*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:** ALVINETTE DOWNING MCCLEAVE

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR,
EDUCATION/SCHOLARSHIP
Name WHITE, DWAYNE
Address 6716 N. 10TH STREET
City-State-Zip: TAMPA FL 33604

Title DIRECTOR
Name BORIK, JULIE
Address 401 DE GRASSE PLACE
#417
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name SIMS, VINCENT
Address P.O. BOX 41461
City-State-Zip: ST PETERSBURG FL 33743

Title D
Name PEDRAZA, PEDRO
Address 100 4TH AVE SOUTH
APT 420
City-State-Zip: ST.PETERSBURG FL 33701

Title SECRETARY, DIRECTOR
Name ROSE, BENJAMIN
Address 3315 SAN CARLOS ST
City-State-Zip: CLEARWATER FL 33786

Title V
Name PIERCE, JEAN
Address 2419 GULF TO BAY BLVD
LOT 1422
City-State-Zip: CLEARWATER FL 33765

Title D
Name HEMPEL, ERIK
Address 117 15TH AVE NORTH
City-State-Zip: ST.PETERSBURG FL 33704

Title P
Name DOWNING MCCLEAVE, ALVINETTE
Address 6735 31ST WAY S
APT C
City-State-Zip: ST.PETERSBURG FL 33712

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I hereby 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 all other like empowered.

SIGNATURE: ALVINETTE DOWNING MCCLEAVE**PRESIDENT**

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HARRISON, CHARLENE A
Address	301 22ND AVENUE SOUTH
City-State-Zip:	ST. PETERSBURG FL 33705