

FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766307** (3)

1. Corporation Name

HOT JAZZ & ALLIGATOR GUMBO SOCIETY, INC.



Principal Place of Business C/O MARCIE REID 3654 NE 19 AVE FT. LAUDERDALE FL 33308 US	Mailing Address C/O MARCIE BLVD 3654 NE 19 AVE FT. LAUDERDALE FL 33308-6209 US
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3. Date Incorporated or Qualified **12/27/1982** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number **59-2272269** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MARCIE REID
3654 NE 19 AVE
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Marcie Reid* **Marcie Reid, Exec. Secy./Treas.** DATE **4-30-97**

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME KENZORA, LARRY	
STREET ADDRESS 598 NE 58TH ST	
CITY-ST-ZIP MIAMI FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME BLACKMON, BILL	
STREET ADDRESS 1648 W 84TH ST	
CITY-ST-ZIP HIALEAH FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME DILLON, HELEN	
STREET ADDRESS 19725 BOCA W DR #4152	
CITY-ST-ZIP BOCA RATON F	
TITLE D	<input type="checkbox"/> DELETE
NAME KETTERMAN, JIM	
STREET ADDRESS 5900 N.E. 22ND WAY #805	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME TENAGLIA, FRANK	
STREET ADDRESS 669 W OAKLAND PARK BLVD	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MCGOWAN, ROB	
STREET ADDRESS 1804 NW Madrid Way	
CITY-ST-ZIP BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Burnley, Doug	
1.3 STREET ADDRESS 435 S. Federal Hwy., #19	
1.4 CITY-ST-ZIP Deerfield Beach, FL 33441	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Donovan, Hal	
2.3 STREET ADDRESS 4300 NW 12 Dr.	
2.4 CITY-ST-ZIP Pompano Beach, FL 33064	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Jeffries, Will	
3.3 STREET ADDRESS 3233 NE 34 St., #907	
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Marcie Reid* **Marcie Reid, Exec. Secy./Treas.** DATE **4-30-97** Daytime Phone # **954-564-3700**

CR2E037 (9/96)