


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90076 004 ****61.25

DOCUMENT # 766307 1. Entity 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 REID 3654 NE 19 AVE FT. LAUDERDALE FL 33308 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2272269		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REID, MARCIE 3654 NE 19 AVE FT LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
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: <u><i>Marcella P. Reid</i></u> <u>MARCIE REID EXEC. SECY</u> <u>4-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: STARACE, STEVE STREET ADDRESS: 7764 CLOVERFIELD CIRCLE CITY-ST-ZIP: BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE: D NAME: MCGOWAN, ROB STREET ADDRESS: 10241 CROSS WIND RD. CITY-ST-ZIP: BOCA RATON, FL 33498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: TENAGLIA, FRANK STREET ADDRESS: 515 VIA GENOVA CITY-ST-ZIP: DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE: D NAME: PARADISE, ARMAND STREET ADDRESS: 112 NW 52ND CT. CITY-ST-ZIP: POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: VELUZZI, BILL STREET ADDRESS: 3294 NW 104 AVE CITY-ST-ZIP: CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: HEMPHILL, MARGIE STREET ADDRESS: 1537 E. HILLSBORO BLVD #441 CITY-ST-ZIP: DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ANDREWS, VIC STREET ADDRESS: 800 SW 50 TERR CITY-ST-ZIP: MARGATE FL 33068	<input type="checkbox"/> Delete	TITLE: D NAME: ANDREWS, VIC STREET ADDRESS: 1781 SW 23RD WAY CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HUSBELL, FRANK STREET ADDRESS: 13309 SW 24TH ST CITY-ST-ZIP: MIRAMAR FL 33027	<input type="checkbox"/> Delete	TITLE: D NAME: HUSBELL, FRANK STREET ADDRESS: 13309 SW 24TH ST CITY-ST-ZIP: MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *F. Tenaglia* FRANK TENAGLIA, PRESIDENT 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #