

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002279 (7)**

1. Corporation Name
TREASURE COAST JAZZ ENSEMBLE, INC.



300001848933
-06/04/96--01009--020
***61.25

Principal Place of Business Mailing Address
P O BOX 2105 STUART FL 34995 US

3. Date Incorporated or Qualified **05/09/1994** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0495332** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, CHARLES
4115 SE CENTERBOARD LANE
STUART FL 34997

81 Name **DE CASTRO, RAYMOND**
82 Street Address (P.O. Box Numbers Not Acceptable) **411 N.E. TOWN TERRACE**
83
84 City **JENSEN BEACH** FL 85 Zip Code **34957**

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 officer 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 **RAYMOND DE CASTRO**

[Signature] DATE **4-15-96 # 5-7-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	NICKERSON, JOHN	
STREET ADDRESS	919 NE JUNIPER PLACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SCOTT, CHARLES	
STREET ADDRESS	4115 SE CENTERBOARD LAN	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYS, EARLE	
STREET ADDRESS	1500 NE 13TH TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NICKERSON, JOHN	
STREET ADDRESS	919 NE JUNIPER PLACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NICKERSON, JOHN	
1.3 STREET ADDRESS	919 N.E. JUNIPER PL.	
1.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GROOM, ROBERT	
2.3 STREET ADDRESS	1182 SW PELICAN CRESENT	
2.4 CITY-ST-ZIP	PALM CITY FL. 34990	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCOTT, CHARLES	
3.3 STREET ADDRESS	4115 SE CENTERBOARD LN.	
3.4 CITY-ST-ZIP	STUART, FL. 34997	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DE CASTRO RAYMOND	
4.3 STREET ADDRESS	411 N.E. TOWN TERRACE	
4.4 CITY-ST-ZIP	JENSEN BEACH FL. 34957	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MCGRATH, BUDDY	
5.3 STREET ADDRESS	4551 COTTONWOOD TERRACE	
5.4 CITY-ST-ZIP	STUART FL. 34997	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MACK, JAYRENE	
6.3 STREET ADDRESS	4300 S.E. ST. LUCIE BLVD.	
6.4 CITY-ST-ZIP	STUART FL. 34997	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: **John B. Nickerson** **JOHN B. NICKERSON** 4-16-96 407-334-1599

CR2E037 (12/95)