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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000002279 (7)

1. Corporation Name

TREASURE COAST JAZZ ENSEMBLE, INC.



Principal Place of Business

Mailing Address

P O BOX 2105
STUART FL 34995
US

P O BOX 2105
STUART FL 34995-2105
US

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
06/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0495332

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

10. Name and Address of New Registered Agent

DECASTRO, RAYMOND
411 NE TOWN TERRACE
JENSEN BEACH FL 34957

81 Name NICKERSON, JOHN B.
82 Street Address (P.O. Box Number is Not Acceptable)
919 N.E. JUNIPER PL.
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 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 *John B. Nickerson* JOHN B. NICKERSON 4-26-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	NICKERSON, JOHN	919 NE JUNIPER PLACE	JENSEN BEACH FL 34957	<input type="checkbox"/>
T	SCOTT, CHARLES	4115 SE CENTERBOARD LAN	STUART FL 34997	<input checked="" type="checkbox"/>
S	DECASTRO, RAYMOND	411 NE TOWN TERRACE	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
D	MCGRATH, BUDDY	4551 COTTONWOOD TERRACE	STUART FL 34997	<input type="checkbox"/>
D	MACK, JAYBENE	4300 SE ST LUCIE BOULEVARD	STUART FL 34997	<input checked="" type="checkbox"/>
V	CROOM, ROBERT	1182 SW PELICAN CRESSENT	PALM CITY FL 34990	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P/T	NICKERSON, JOHN B.	919 NE JUNIPER PL.	JENSEN BEACH FL 34957	<input checked="" type="checkbox"/>
V/D	CARLUCCI, ROCCO	2078 SE MONROE ST.	STUART FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	ADLER, JACK	745 SW MONSOON RD.	PORT ST. LUCIE FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: *John B. Nickerson* JOHN B. NICKERSON, PRESIDENT 4-26-97 (561) 334-1599

CR2E037 (9/96)