

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northem</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002279 (7)**  
1. Corporation Name

**TREASURE COAST JAZZ ENSEMBLE, INC.**



Principal Place of Business <del>P O BOX 2105 STUART FL 34995 US</del>	Mailing Address <del>P O BOX 2105 STUART FL 34995 US</del>
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3. Date Incorporated or Qualified <b>05/09/1994</b>	
4. FEI Number <b>65-0495332</b>	Applied For Not Applicable

2. Principal Place of Business 21 <b>TREASURE COAST JAZZ ENSEMBLE INC.</b>	2a. Mailing Address 26 <b>TREASURE COAST JAZZ ENSEMBLE INC.</b>
Suite, Apt. #, etc. 22 <b>919 NE JUNIPER PL.</b>	Suite, Apt. #, etc. 27 <b>919 NE JUNIPER PL.</b>
City & State 23 <b>JENSEN BEACH FL 34957</b>	City & State 28 <b>JENSEN BEACH, FL.</b>
Zip 24 <b>34957</b>	Country 25 <b>USA</b>
Zip 29 <b>34957</b>	Country 30 <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>NICKERSON, JOHN B</b> <b>919 NE JUNIPER PL</b> <b>JENSEN BEACH FL 34957</b>	

10. Name and Address of New Registered Agent	
81 Name	<b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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: John Nickerson (John Nickerson) DATE: 4/23/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE
NAME	<b>NICKERSON, JOHN</b>
STREET ADDRESS	<b>919 NE JUNIPER PLACE</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>CARLUCCI, ROCCO</b>
STREET ADDRESS	<b>2078 SE MONROE ST</b>
CITY-ST-ZIP	<b>STUART FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ADLER, JACK</b>
STREET ADDRESS	<b>745 SW MONSOON RD</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCGRATH, BUDDY</b>
STREET ADDRESS	<b>4551 COTTONWOOD TERRACE</b>
CITY-ST-ZIP	<b>STUART FL 34997</b>
TITLE	<del><b>S</b></del> <input checked="" type="checkbox"/> DELETE
NAME	<del><b>MAXEY, EDWARD</b></del>
STREET ADDRESS	<del><b>2855 SE CARROLL ST</b></del>
CITY-ST-ZIP	<del><b>STUART FL</b></del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SAME</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAME</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAME</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MCGRATH BUDDY</b>
4.3 STREET ADDRESS	<b>4551 COTTONWOOD TERRACE</b>
4.4 CITY-ST-ZIP	<b>STUART FL. 34997</b>
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 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 Nickerson (John Nickerson) DATE: 4/23/98 561-334-1599

CR2E037 (10/97)