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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000002279

1. Corporation Name
TREASURE COAST JAZZ ENSEMBLE, INC.

1 3 5 4 7 8 4 *
 * 3 354784 - 90008 - 10 *

Principal Place of Business
 919 JUNIPER PL
 JENSEN BEACH FL 34957
 US

Mailing Address
 919 NE JUNIPER PL
 JENSEN BEACH FL 34957
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0495332	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
NICKERSON, JOHN B 919 NE JUNIPER PL JENSEN BEACH FL 34957				81	Name			SAME
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City		FL	85

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: 4/14/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICKERSON, JOHN			1.2 NAME	SAME		
STREET ADDRESS	919 NE JUNIPER PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	JENSEN BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLUCCI, ROCCO			2.2 NAME	CARLUCCI, ROCCO		
STREET ADDRESS	2078 SE MONROE ST			2.3 STREET ADDRESS	2792 SPRUCE RIDGE AVE.		
CITY-ST-ZIP	STUART FL			2.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957		
TITLE	ADLER, JACK	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADLER, JACK			3.2 NAME	GRAVINO, NICK		
STREET ADDRESS	745 SW MONSON RD			3.3 STREET ADDRESS	3595 SE DOUBLETON DR.		
CITY-ST-ZIP	PORT ST LUCIE FL			3.4 CITY-ST-ZIP	STUART, FL 34997		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGRATH, RUDY			4.2 NAME			
STREET ADDRESS	4551 COTTONWOOD TERRACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: John Nickerson **JOHN NICKERSON** DATE: 4/14/99 561-334-1599

CR2E037 (11/98)