FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -7 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002279 (7)

1. Corporation Name
TREASURE COAST JAZZ ENSEMBLE, INC.

Principal Place of Business	Mailing Address
8880 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957	8880 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report:
4. FEI Number: 65-0495332 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 2105	25 P.O. Box 2105
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 STUART, FL.	City & State 28 STUART, FL.
Zip 24 34995 Country 25	Zip 29 34995 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REUBERT, NORMA
8880 SOUTH OCEAN DRIVE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

61 Name: SCOTT, CHARLES
62 Street Address (P.O. Box Number is Not Acceptable): 4115 S.E. CENTERBOARD LANE
63
64 City: STUART FL 65 Zip Code: 34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles D Scott 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/T	☒ Change ☐ Addition
NAME	BARRON, RICHARD	1.2 NAME	NICKERSON, JOHN	
STREET ADDRESS	6552 SE WINDSONG LANE	1.3 STREET ADDRESS	919 N.E. JUNIPER PLACE	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
TITLE	V	2.1 TITLE	V/S	☒ Change ☐ Addition
NAME	CALDWELL, BRUCE	2.2 NAME	SCOTT, CHARLES	
STREET ADDRESS	1724 BOATSWAIN PLACE	2.3 STREET ADDRESS	4115 S.E. CENTERBOARD LANE	
CITY-ST-ZIP	PLAM CITY FL 34990	2.4 CITY-ST-ZIP	STUART, FL. 34997	
TITLE	S	3.1 TITLE	D	☒ Change ☐ Addition
NAME	REUBERT, NORMA	3.2 NAME	PEARLE MAYS	
STREET ADDRESS	8880 SO. OCEAN DRIVE STE. 1001	3.3 STREET ADDRESS	1550 N.E. 13TH TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	3.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	NICKERSON, JOHN	4.2 NAME		
STREET ADDRESS	919 NE JUNIPER PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Charles D Scott 2/24/95 407-283-4871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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