

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766307

**Entity Name:** HOT JAZZ & ALLIGATOR GUMBO SOCIETY, INC.**Current Principal Place of Business:**C/O CARLENE STARACE  
6065 VERDE TRAIL S G116  
BOCA RATON, FL 33433**Current Mailing Address:**C/O CARLENE STARACE  
6065 VERDE TRAIL S G116  
BOCA RATON, FL 33433 US**FEI Number:** 59-2272269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULLER, STEVEN E  
2953 W CYPRESS CREEK RD  
SUITE 200  
FT LAUDERDALE, FL 33309 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WHITE, MYRON  
Address 3300 S OCEAN BLVD.  
317  
City-State-Zip: HIGHLAND BEACH FL 33487

Title DIRECTOR  
Name MENNEL-BELL, MARI  
Address 1524 BAYVIEW DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33304

Title DIRECTOR  
Name KENDZORA, LARRY  
Address 598 NE 58 ST.  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name STARACE, STEVE  
Address 6065 VERDE TRAIL S  
G116  
City-State-Zip: BOCA RATON FL 33433

Title ST  
Name STARACE, CARLENE  
Address 6065 VERDE TRAIL S  
G116  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name JOYCE, JAMES  
Address 4519 NW 53 CT.  
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR  
Name POPE, CHARLES  
Address 18210 SW 60TH ST  
City-State-Zip: SOUTHWEST RANCHES FL 33331

Title DIRECTOR  
Name WHITE, JANET  
Address 3300 S OCEAN BLVD.  
317  
City-State-Zip: HIGHLAND BEACH FL 33487

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLENE STARACE

ST

03/31/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WILLIAMS, RAY
Address	3073 HARBOR DRIVE 10
City-State-Zip:	FORT LAUDERDALE FL 33316