2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766307

FILED Apr 27, 2009 Secretary of State

Entity Name: HOT JAZZ & ALLIGATOR GUMBO SOCIETY, INC.

	Principal Place of Business:	New Principal Place of Business:
3654 NE 1	CIE REID 19 AVE DERDALE, FL 33308 US	
Current N	Mailing Address:	New Mailing Address:
3654 NE 1	CIE REID 19 AVE BERDALE, FL 33308 US	
FEI Number	r: 59-2272269 FEI Number Applied For ()	El Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
REID, MA 3654 NE ² FT LAUDI		
	e named entity submits this statement for the purp te of Florida.	ose of changing its registered office or registered agent, or bo
SIGNATU	RE:	
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name:	D () Delete STARACE, STEVE	Title: () Change () Addition Name:
	7764 CLOVERFIELD CIRCLE BOCA RATON, FL 33433	Address: City-St-Zip:
Address: City-St-Zip: Title: Name: Address: City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BOCA RATON, FL 33433 D () Delete MCGOWAN, ROB 10247 CROSSWIND ROAD	City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address:	BOCA RATON, FL 33433 D () Delete MCGOWAN, ROB 10247 CROSSWIND ROAD BOCA RATON, FL 33498 VD () Delete VELUZZI, BILL 3294 NW 104 AVE	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	BOCA RATON, FL 33433 D () Delete MCGOWAN, ROB 10247 CROSSWIND ROAD BOCA RATON, FL 33498 VD () Delete VELUZZI, BILL 3294 NW 104 AVE CORAL SPRINGS, FL 33065 VD () Delete HEMPHILL, MARGIE 1537 E. HILLSBORO BLVD #441	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: PD (X) Change () Addition Name: PARADISE, ARMAND Address: 112 NW 52 CT

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARMAND PARADISE PD 04/27/2009