2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01128

FILED Feb 01, 2008 Secretary of State

Entity Name: JAZZ SOCIETY OF PENSACOLA, INC.

Current P		- 6 D i	Massa B. C. C. F.	f Dunius	
	rincipal Place	of Business:	New Principal Plac	e of Business:	
SUITES 10	HPALAFOX ST 03-105 DLA, FL 32502				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 1 PENSACC	8337 DLA, FL 32523	8337			
FEI Number	: 59-2528174	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
17 SOUTH SUITES 10	R, ANDREW M HPALAFOX ST 03-105 DLA, FL 32502	REET			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATU					
	Electron	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () MINNICH, CHUO 2979 CORSAIR PENSACOLA, F	t DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () ALBERT, CRYS 6511 CALLE DI		Title: Name:	() Change () Addition	
 .	NAVARRE, FL		Address: City-St-Zip:		
Fitle: Name: Nddress:		32566 US Delete MAN MR LAN RD		() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D () VICKERS, NOR 3720 MCCLELI PENSACOLA, F	32566 US Delete MAN MR LAN RD FL 32503 US Delete MR E ROAD	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	D () VICKERS, NOR 3720 MCCLELI PENSACOLA, F D () PERRY, GLEN 2017 EVENTIDI MILTON, FL 32	32566 US Delete MAN MR AN RD L 32503 US Delete MR E ROAD 25839529 US Delete CON MS N RD	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: D Name: MATTHEN Address: 5119 CH/	• • • • • • • • • • • • • • • • • • • •	

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: ANDREW R METZGER MR 02/01/2008