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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16184 (6) 1. Corporation Name JAZZ SOCIETY OF BREVARD, INC.



Principal Place of Business C/O JACK SIMPSON P O BOX 235 COCOA FL 32923	Mailing Address C/O JACK SIMPSON P O BOX 235 COCOA FL 32923-0235
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3. Date Incorporated or Qualified 08/04/1986	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 C/O Helen English Suite, Apt. #, etc. 22 655 CAIMAN ST City & State Satellite Beach Zip Country 24 32937 25 BREVARD	2a. Mailing Address 26 C/O Helen English Suite, Apt. #, etc. 27 655 CAIMAN ST City & State Satellite Beach Zip Country 28 32937 29 BREVARD
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4. FEI Number 59-2832534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SIMPSON, JACK 2409 CHERBOURG RD COCOA FL 32926	10. Name and Address of New Registered Agent 81 Name Helen English 82 Street Address (P.O. Box Number is Not Acceptable) 83 655 CAIMAN ST 84 City Satellite Beach FL 85 Zip Code 32937
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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 *Helen English* (NOTE: Registered Agent signature required when reinstating) *April 26/97*

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMPSON, JACK	
STREET ADDRESS	2409 CHERBOURG RD.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEPOFI, ROSELYN	
STREET ADDRESS	5801 N. ATLANTIC AVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DURSO, ROY	
STREET ADDRESS	2732 WENTWORTH PL	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAAB, MARK	
STREET ADDRESS	201 ST. LUCIE LANE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTMINY, EDWARD	
STREET ADDRESS	1330 LESLIE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Helen English	
1.3 STREET ADDRESS	655 CAIMAN ST	
1.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stonewall J. Scott	
2.3 STREET ADDRESS	P.O. BOX 100293	
2.4 CITY-ST-ZIP	PALM BAY, FL 32910	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EMMA McDEARMID	
3.3 STREET ADDRESS	P.O. Box 72894	
3.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GAIL CROWLEY	
4.3 STREET ADDRESS	246 COUNTRY Club DR	
4.4 CITY-ST-ZIP	Melbourne, FL 32940	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MONTMINY, Edward	
5.3 STREET ADDRESS	1330 LESLIE DR	
5.4 CITY-ST-ZIP	MERRITT Island, FL 32952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)