

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90026 042 \*\*\*\*61.25

**DOCUMENT # N16184** ✓

1. Corporation Name

**JAZZ SOCIETY OF BREVARD, INC.**

Principal Place of Business

C/O HELEN INGLISS  
655 CAIMAN ST  
SATELLITE BEACH FL 32937  
US

Mailing Address

C/O HELEN INGLISS  
655 CAIMAN ST  
SATELLITE BEACH FL 32937  
US



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**08/04/1986**

4. FEI Number

**59-2832534**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

INGLISS, HELEN  
655 CAIMAN ST  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME INGLISS, HELEN  
STREET ADDRESS 655 CAIMAN ST  
CITY-ST-ZIP SATELLITE BEACH FL

TITLE D ☐ DELETE  
NAME SCOTT, STONEWELL J  
STREET ADDRESS P.O. BOX 100293 N/A  
CITY-ST-ZIP PALM-BAY FL

TITLE SD ☐ DELETE  
NAME MCDEAMID, EMMA  
STREET ADDRESS PO BOX 72894 N/A  
CITY-ST-ZIP SATELLITE BEACH FL

TITLE D ☐ DELETE  
NAME CROWLEY, GAIL  
STREET ADDRESS 246 COUNTRY CLUB DR  
CITY-ST-ZIP MELBOURNE FL

TITLE TD ☐ DELETE  
NAME MONTMINY, EDWARD  
STREET ADDRESS 1330 LESLIE DR  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99

407/454-3739

Daytime Phone #

0001859

CR2E037 (5/99)