4/2.

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
04-02-2002 90913 008 ****61.25

DOCUMENT # N16184 NIC AMM

1. Entity Name

~~JAZZ SOCIETY OF BREVARD, INC.~~
Space Coast Jazz Society, Inc.

Principal Place of Business	Mailing Address
C/O HELEN INGLISS 655 CAIMAN ST SATELLITE BEACH FL 32937 US	C/O HELEN INGLISS 655 CAIMAN ST SATELLITE BEACH FL 32937 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o NEAL WEISS	c/o NEAL WEISS
Suite, Apt. #, etc.: P.O. Box 33464	Suite, Apt. #, etc.: P.O. Box 33464
City & State: INDIALANTIC, FL	City & State: INDIALANTIC, FL
Zip: 32903 Country: BREVARD	Zip: 32903 Country: BREVARD

4. FEI Number 59-2832534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INGLISS, HELEN 655 CAIMAN ST SATELLITE BEACH FL 32937	Name: NEAL WEISS Street Address (P.O. Box Number is Not Acceptable): 862 SANDERLING DRIVE City: INDIALANTIC FL Zip Code: 32903

8. 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: X Neal Weiss 3/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 ✓

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGLISS, HELEN 655 CAIMAN ST SATELLITE BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR DIRECTOR NEAL WEISS 862 Sanderling Drive INDIALANTIC, FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, STONEWELL J P.O. BOX 100293 N/A PALM BAY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. SENIOR DIRECTOR ROZ DEPOFT 5801 N. ATLANTIC AVE, #404 COCOA CANAVERAL, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCDEAMID, EMMA PO BOX 72894 N/A SATELLITE BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LIN POMERANZ 170 AFORIA LN MELBOURNE, FL 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROWLEY, GAIL 246 COUNTRY CLUB DR MELBOURNE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ED BERGMILLER 190 ESCAMBIA LN, #202 COCOA BEACH, FL 32931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MONTMINY, EDWARD 1330 LESLIE DR MERRITT ISLAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 3/19/02 321-777-8936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #