


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N16184 1. Entity Name SPACE COAST JAZZ SOCIETY, INC.	
---	---

Principal Place of Business C/O NEAL WEISS P.O. BOX 33464 INDIALANTIC, FL 32903 US	Mailing Address C/O NEAL WEISS P.O. BOX 33464 INDIALANTIC, FL 32903 US
--	--



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent

**WEISS, NEAL
862 SANDERLING DRIVE
INDIALANTIC, FL 32903**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEISS, NEAL 862 SANDERLING DR INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD JACOBS, FRANCINE 3725 BIG PINE ROAD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POMERANZ, LIN 170 AFORIA LN MELBOURNE, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOW, SUSAN 4357 MT CARMEL LN. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARCUS, BARBARA 517 SUMMERSET CT. INDIAN HARBOUR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000058219
02/20/04-80020-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Neal Weiss* **Neal Weiss**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 **2/10/04** *777-8936* **777-8936**
Date Daytime Phone #