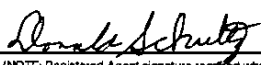


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90097 026 ****61.25

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		
2. Principal Place of Business 257 CURACAU DR. Suite, Apt. #, etc. C/O DONALD SCHULTZ City & State COCOA BEACH FL Zip 32931 Country US		3. Mailing Address 257 CURACAU DR. Suite, Apt. #, etc. C/O DONALD SCHULTZ City & State COCOA BEACH FL Zip 32931 Country US			
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 WEISS, NEAL - 862 SANDERLING DRIVE INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name DONALD SCHULTZ Street Address (P.O. Box Number is Not Acceptable) 257 CURACAU DR. City COCOA BEACH FL Zip Code 32931		
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 <u>DONALD SCHULTZ</u>  <u>4-12-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, NEAL 862 SANDERLING DR INDIALANTIC, FL 32903	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALD SCHULTZ 257 CURACAU DR COCOA BEACH, FL 32931	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD JACOBS, FRANCINE 3725 BIG PINE ROAD MELBOURNE, FL 32934	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SANDRA PUNDY 2593 HUDSON AVE MELNITT ISLAND, FL 32952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POMERANZ, LIN 170 AFORIA LN MELBOURNE, FL 32903	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JAVIS, SHIRLEY 4014 EDGEWOOD PLACE COCOA, FL 32926	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOW, SUSAN 4357 MT CARMEL LN. MELBOURNE, FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BEAG MILLER, ED 190 ESCAMPIA #202 COCOA BEACH, FL 32931	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCUS, BARBARA 517 SUMMERSET CT. INDIAN HARBOUR BCH, FL 32937	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/T/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u>DONALD SCHULTZ</u> <u>DONALD SCHULTZ</u> <u>4-11-05</u> <u>(321) 784-4488</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					