


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90012 008 \*\*\*\*61.25

<b>DOCUMENT # N16184</b> 1. Entity Name <b>SPACE COAST JAZZ SOCIETY, INC.</b>					
Principal Place of Business 257 CARACAV DR C/O DONALD SCHULTZ COCOA BEACH, FL 32931 US			Mailing Address 257 CARACAV DR C/O DONALD SCHULTZ COCOA BEACH, FL 32931 US		
2. Principal Place of Business <b>257 CURACAU</b>		3. Mailing Address <b>257 CURACAU</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2832534</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHULTZ, DONALD</b> <b>257 CURACAV DR</b> <b>COCOA BEACH, FL 32931</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>257 CURACAU DR</b> City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULTZ, DONALD		NAME	<b>257 CURACAU</b>	
STREET ADDRESS	257 CARACAV DR		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURDY, SANDRA		NAME		
STREET ADDRESS	2593 HUDSON AVE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JARAVIS, SHIRLEY		NAME	<b>TD MARTINEZ, RICHARD</b>	
STREET ADDRESS	4014 EDGEWOOD PLACE		STREET ADDRESS	<b>260 HAMMOCK RD, S.E</b>	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	<b>TALM BAY, FL 32909</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGMILLER, ED		NAME		
STREET ADDRESS	190 ESCAMBIA #202		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCUS, BARBARA		NAME		
STREET ADDRESS	517 SUMMERSET CT.		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Donald J. Schultz</u> DONALD J. SCHULTZ 2-7-06 321 784-4488</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					