


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90097 021 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N16184</b>                         |  |
| 1. Entity Name<br>SPACE COAST JAZZ SOCIETY, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>257 CURACAU DR<br>C/O DONALD SCHULTZ<br>COCOA BEACH, FL 32931 US | Mailing Address<br>257 CURACAU DR<br>C/O DONALD SCHULTZ<br>COCOA BEACH, FL 32931 US |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><u>260 HAMMOCK RD SE</u> | 3. Mailing Address<br><u>260 HAMMOCK RD SE</u> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br><u>PAIM BAY, FL</u> | City & State<br><u>PAIM BAY, FL</u> |
|-------------------------------------|-------------------------------------|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><u>32909</u> | Country<br><u>USA</u> | Zip<br><u>32909</u> | Country<br><u>USA</u> |
|---------------------|-----------------------|---------------------|-----------------------|

|   |  |
|---|--|
| 8. Name and Address of Current Registered Agent<br><br>SCHULTZ, DONALD<br>257 CURACAU DR<br>COCOA BEACH, FL 32931 |  |
|---|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <u>RICHARD MARTINEZ</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>260 HAMMOCK RD SE</u><br>City <u>PAIM BAY</u> FL <u>32909</u> |  |
|---|--|

|   |   |
|---|---|
| 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>[Signature]</u><br>Signature, typed or printed name of registered agent and title if applicable  | DATE <u>1/25/07</u><br>(NOTE: Registered Agent signature required when reinstating) |

|   |   |  |
|---|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SCHULTZ, DONALD<br>257 CURACAU DR<br>COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <del>SD</del> PD<br>JOEL GREENBLATT<br>5095 PINET ST<br>ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASD<br>PURDY, SANDRA<br>2593 HUDSON AVE<br>MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MARTINEZ, RICHARD<br>260 HAMMOCK RD SE<br>PALM BAY, FL 32909 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BERGMILLER, ED<br>190 ESCAMBIA #202<br>COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>PAT Aiken<br>220 CHARLES CT<br>SATELLITE BEACH, FL 32937-3005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ATD<br>MARCUS, BARBARA<br>517 SUMMERSET CT.<br>INDIAN HARBOUR BCH, FL 32937 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | APD<br>Helen Inglis<br>2660 STATE ST<br>W. HELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

|  |  |
|--|--|
| 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. |  |
| SIGNATURE: <u>[Signature]</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | DATE <u>1/25/07</u> 321 728-1342<br>Date Daytime Phone # |

60009406



01242007 Chg-NP CR2E037 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>59-2832534 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|