

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16184

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** SPACE COAST JAZZ SOCIETY, INC.

**Current Principal Place of Business:**

545 GARFIELD AVE  
# 901  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 490  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

**FEI Number:** 59-2832534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KYLES, ED  
545 GARFIELD AVE  
# 901  
COCOA BEACH, FL 32931 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** AIKEN, PAT  
**Address:** 220 CHARLES CT  
**City-St-Zip:** SATELLITE BEACH, FL 32937 US

**Title:** VD  
**Name:** VANCE, BOBBIE  
**Address:** 214 ADAMS AVE  
**City-St-Zip:** CAPE CANAVERAL, FL 32920

**Title:** TSD  
**Name:** KYLES, ED  
**Address:** 545 GARFIELD AVE #901  
**City-St-Zip:** COCOA BEACH, FL 32931

**Title:** D  
**Name:** SCHWARTZ, LOU  
**Address:** 2593 HUDSON AVE  
**City-St-Zip:** MERRITT ISLAND, FL 32952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ED KYLES

MR.

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date