


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90025 050 ****61.25

DOCUMENT # N29444 1. Entity Name THE NORTH EAST FLORIDA JAZZ ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 352569 PALM COAST, FL 32135			Mailing Address P.O. BOX 352569 PALM COAST, FL 32135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2831966	
				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			7. Name and Address of New Registered Agent		
MCCOY, MURIEL D. 51 WEBER LANE PALM COAST, FL 32135			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, MURIEL		NAME	MCCOY, MURIEL	
STREET ADDRESS	P.O. BOX 352569		STREET ADDRESS	51 WEBER LANE	
CITY - ST - ZIP	PALM COAST, FL 32135		CITY - ST - ZIP	Palm Coast, FL 32164	
TITLE	V	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, CARN		NAME	HECKATHORN, JOYCE	
STREET ADDRESS	5 ROLLINS AVE		STREET ADDRESS	15 Cool Water Ct.	
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32084		CITY - ST - ZIP	Palm Coast, FL 32137	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, MYRA		NAME	BROWN, Gloria	
STREET ADDRESS	49 WEBSTER LN		STREET ADDRESS	46 Bayside Dr.	
CITY - ST - ZIP	PALM COAST, FL 32164		CITY - ST - ZIP	Palm Coast, FL 32137	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAIN, ADA		NAME	D-Gomez, Barbara	
STREET ADDRESS	15 WENDOVER LN		STREET ADDRESS	6 Ehrling Ln	
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP	Palm Coast, FL 32164	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, CHARLES		NAME	Cannryn, Jean	
STREET ADDRESS	26 FERNMILL LN		STREET ADDRESS	36 Lafayette Ln	
CITY - ST - ZIP	PALM COAST, FL 32135		CITY - ST - ZIP	Palm Coast, FL 32164	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPHO, ALFRED		NAME	Richardson, Harriett	
STREET ADDRESS	26 FAIRMONT LN		STREET ADDRESS	16 Fallen Oak Ln	
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP	Palm Coast, FL 32137	
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: <i>Muriel D. McCoy</i> MURIEL D. MCCOY			7/17/06 386-445-1329		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		