2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # N29444 RTH EAST FLORIDA JAZZ	ASSOCIATION, IN	IC.			07-21-2006 9	0025 050 ***	*61.25
Principal Plac P.O. BOX 35 PALM COAST		Mailing Address P.O. BOX 352569 PALM COAST, FL 32	2135		1 1000000 410 0	401002	P4811 81811 81811 81814 818	Pimer de l'Oei
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· 	07112006	Chg-NP C	CR2E037 (4/06)	
City & State		City & State			4. FEI Number 59-2831	966	⊢ +	pplied For
Zip	Country	Zip Country		untry	5. Certificate of	Status Desired [\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Regis	tered Agent	
MCCOY, M	MIIRIELD			Name				
51 WEBE				Street Addre	ess (P.O. Box Number	is Not Acceptable)		
				City		<u> </u>	FL Zip Coo	ie
	e named entity submits this statement for tions of registered agent.	or the purpose of changing	its register	red office or rec	gistered agent, or both	in the State of Florida.	. I am familiar with,	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	end title if applicable. ()	NOTE: Registers	ed Agent signature re	rquired when reinstating)		DATE	
		9. Election (Financing _	\$5.00 May Be	Make	check payable t	
	Signature, typed or printed name of registered agent	9. Election (Yrust Fun	Campaign F	Financing tion.	\$5.00 May Be Added to Fees	Make	check payable t Department of S	itate
D	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 ue by September 6, 2006	9. Election (Yrust Fun	Campaign F nd Contribut	Financing tion.	\$5.00 May Be Added to Fees ADDITIONS/CHAR	Make Florida I	check payable t Department of S	itate
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12. I hereby certify that the information supplied with this filling 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 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE: Muryl D. M. Coy Myriel D. M. Coy	1 7/17/06	386-445-1329