2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90176 036 ****61.25

OCUMENT # N29444	
. Entity Name THE NORTH EAST FLORIDA JAZZ ASSOCIATION, INC.	



THE NOR	RTH EAST FLORIDA JA	ZZ ASSOC	CIATION, INC.							
Principal Place of Business Mailing Address P.O. BOX 352569 P.O. BOX 352569 PALM COAST, FL 32135 PALM COAST, FL 32135						~~~~				
2. Principal P	face of Business - No P.O. Box #	3. Mai	ing Address							
2. Chilipartiace of business 110 1.0. Don't								.,		
		iuite, Apt. #, etc.			04152008	Chg-NP	CR2E03	7 (12/06)		
City & State C		City & State				4. FEI Number Applied For 59-2831966 Not Applicable				
Zip	Country	Zip		Cou	intry	5. Certificate o	Status Desired		8.75 Add ee Require	
	6. Name and Address of Cu	rrent Registere	d Agent		Nama	7. Name and /	Address of New I	Registered A	gent	
MCCOY, MURIEL D 51 WEBER LANE PALM COAST, FL 32135			٠	Name Street Address (P.O. Box Number is Not Acceptable)						
	:				City			FL	Zip Cod	le
	named entity submits this statem tions of registered agent.	nent for the purp	ose of changing its	registere	ed office or regis	tered agent, or both	n, in the State of Fl		amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registers	of arrent and title if any	forth (MO)	F: 0				DATE		 ,
, 	agrance, types or present teams or regulate				d Agent signature requi					
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Car Trust Fund (npaign F	nancing _	\$5.00 May Be Added to Fees	, ,	Wake check rida Depart		
10.	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AF	ND DIRECTORS	9. Election Car Trust Fund (mpaign F Contributi	nancing ion.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Fto	Make check rida Depart	ment of S	tate
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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.

OFFICER OR DIRECTOR