

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N50583** (6)

1. Corporation Name

**FIRST COAST DIXIELAND JAZZ SOCIETY, INC.**

Principal Place of Business

Mailing Address

**3333 ATLANTIC BLVD  
JACKSONVILLE FL 32207  
US**

**PO BOX 10089  
JACKSONVILLE FL 32247-0089  
US**



|                                |  |                        |  |  |  |  |  |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>08/26/1992</b>                             |  | 3a. Date of Last Report<br><b>08/14/1996</b>   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>59-3151931</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| 24 Country                     |  | 29 Country             |  | 30   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, RICHARD E. SR  
3333 ATLANTIC BLVD  
JACKSONVILLE FL 32207**

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KING, JOHN P</b>                                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>111 FLORIDA BLVD</b>                             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEPTUNE BCH FL</b>                               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LYONS, JACQUELINE</b>                            | 2.2 NAME  |   |
| STREET ADDRESS             | <b>8016 ARGENTINE DR., WEST</b>                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                              | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HARNED, GEORGIANNA</b>                           | 3.2 NAME  |   |
| STREET ADDRESS             | <b>8323 WESTOVER CT</b>                             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MILLER, RICHARD E., SR.</b>                      | 4.2 NAME  |   |
| STREET ADDRESS             | <b>12807 ALADDIN ROAD</b>                           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIAMS, AUBRY</b>                              | 5.2 NAME  |   |
| STREET ADDRESS             | <b>1848 HIGHLAND DRIVE</b>                          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FERNANDINA BEACH FL</b>                          | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**RICHARD E. MILLER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006827

CR2E037 (9/96)