

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002279 (7)

1. Corporation Name

TREASURE COAST JAZZ ENSEMBLE, INC.



300001848933

-06/04/96--01009--020

***\$1.25

Principal Place of Business

P O BOX 2105
STUART FL 34995
US

Mailing Address

P O BOX 2105
STUART FL 34995
US

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0495332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, CHARLES
4115 SE CENTERBOARD LANE
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name DE CASTRO, RAYMOND
82 Street Address (P.O. Box Numbers Not Acceptable)
411 N.E. TOWN TERRACE
83
84 City JENSEN BEACH FL 85 Zip Code 34957

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

RAYMOND DE CASTRO

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

(NOTE: Registered Agent signature required when re-registering)

4-15-96 #5-7-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PT
STREET ADDRESS NICKERSON, JOHN
CITY-ST-ZIP 919 NE JUNIPER PLACE
JENSEN BEACH FL

TITLE ☐ DELETE

NAME VS
STREET ADDRESS SCOTT, CHARLES
CITY-ST-ZIP 4115 SE CENTERBOARD LAN
STUART FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MAYS, EARLE
CITY-ST-ZIP 1500 NE 13TH TERRACE
JENSEN BEACH FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS NICKERSON, JOHN
CITY-ST-ZIP 919 NE JUNIPER PLACE
JENSEN BEACH FL 34957

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
NICKERSON, JOHN
919 N.E. JUNIPER PL.
JENSEN BEACH, FL. 34957

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V
GROOM, ROBERT
1182 SW PELICAN CRESENT
PALM CITY FL. 34990

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T
SCOTT, CHARLES
4115 SE CENTERBOARD LN.
STUART, FL. 34997

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S
DE CASTRO RAYMOND
411 N.E. TOWN TERRACE
JENSEN BEACH FL. 34957

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
MCGRATH, BUDDY
4551 COTTONWOOD TERRACE
STUART FL. 34997

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
MACK, JAYRENE
4300 S.E. ST. LUCIE BLVD.
STUART FL. 34997

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John B. Nickerson

JOHN B. NICKERSON

4-16-96 407-334-1599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)