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FILED

May 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002279 (7)

1. Corporation Name

TREASURE COAST JAZZ ENSEMBLE, INC.

Principal Place of Business

Mailing Address

P O BOX 2105  
STUART FL 34995  
USP O BOX 2105  
STUART FL 34995-2105  
US3. Date Incorporated or Qualified  
05/09/19943a. Date of Last Report  
06/02/1996

4. FEI Number

65-0495332

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECASTRO, RAYMOND  
411 NE TOWN TERRACE  
JENSEN BEACH FL 34957

81 Name

NICKERSON, JOHN B.

82 Street Address (P.O. Box Number is Not Acceptable)

919 N.E. JUNIPER PL.

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

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

JOHN B. NICKERSON

4-26-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETEP  
NAME NICKERSON, JOHN  
STREET ADDRESS 919 NE JUNIPER PLACE  
CITY-ST-ZIP JENSEN BEACH FL 349571.1 TITLE ☒ Change ☐ AdditionP/T  
NAME NICKERSON, JOHN B.  
STREET ADDRESS 919 NE JUNIPER PL.  
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE ☒ DELETET  
NAME SCOTT, CHARLES  
STREET ADDRESS 4115 SE CENTERBOARD LAN  
CITY-ST-ZIP STUART FL 349972.1 TITLE ☐ Change ☒ AdditionV/D  
NAME CARLUCCI, ROCCO  
STREET ADDRESS 2078 SE MONROE ST.  
CITY-ST-ZIP STUART FL 34997TITLE ☒ DELETES  
NAME DECASTRO, RAYMOND  
STREET ADDRESS 411 NE TOWN TERRACE  
CITY-ST-ZIP JENSEN BEACH FL 349573.1 TITLE ☐ Change ☒ AdditionD  
NAME ADLER, JACK  
STREET ADDRESS 745 SW MONSOON RD.  
CITY-ST-ZIP PORT ST. LUCIE FL 34953TITLE ☐ DELETED  
NAME MCGRATH, BUDDY  
STREET ADDRESS 4551 COTTONWOOD TERRACE  
CITY-ST-ZIP STUART FL 349974.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☒ DELETED  
NAME MACK, JAYBENE  
STREET ADDRESS 4300 SE ST LUCIE BOULEVARD  
CITY-ST-ZIP STUART FL 349975.1 TITLE ☐ Change ☒ AdditionS  
NAME MAXEY, EDWARD  
STREET ADDRESS 2655 SE CARROLL ST.  
CITY-ST-ZIP STUART FL 34994TITLE ☒ DELETEV  
NAME CROOM, ROBERT  
STREET ADDRESS 1182 SW PELICAN CRESSENT  
CITY-ST-ZIP PALM CITY FL 349906.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN B. NICKERSON, PRESIDENT 42697(561) 334-1599

CR2E037 (9/96)