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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002279 (7)**

1. Corporation Name

TREASURE COAST JAZZ ENSEMBLE, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 2105
STUART FL 34995
US~~

~~P.O. BOX 2105
STUART FL 34995
US~~

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

65-0495332

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 TREASURE COAST JAZZ ENSEMBLE INC.

2a TREASURE COAST JAZZ ENSEMBLE INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 919 NE JUNIPER PL.

27 919 NE JUNIPER PL.

City & State

City & State

23 JENSEN BEACH FL 34957

28 JENSEN BEACH, FL.

Zip

Country

Zip

Country

24 34957

25 USA

29 34957

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICKERSON, JOHN B
919 NE JUNIPER PL
JENSEN BEACH FL 34957**

81 Name

SAME

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

83

84 City

FL

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 **John Nickerson (JOHN NICKERSON)**

4/23/98

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

SAME

☐ Change ☐ Addition

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

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE

SAME

☐ Change ☐ Addition

NAME **VD CARLUCCI, ROCCO**
STREET ADDRESS **2078 SE MONROE ST**
CITY - ST - ZIP **STUART FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE

SAME

☐ Change ☐ Addition

NAME **D ADLER, JACK**
STREET ADDRESS **745 SW MONSOON RD**
CITY - ST - ZIP **PORT ST LUCIE FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE

SD MCGRATH BUDDY
4551 COTTONWOOD TERRACE
STUART FL 34997

☒ Change ☐ Addition

NAME **D MCGRATH, BUDDY**
STREET ADDRESS **4551 COTTONWOOD TERRACE**
CITY - ST - ZIP **STUART FL 34997**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☒ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME **S MAXEY, EDWARD**
STREET ADDRESS **2655 SE CARROLL ST**
CITY - ST - ZIP **STUART FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I 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: **John Nickerson (JOHN NICKERSON)**

4/23/98 561-334-1599

CR2E037 (10/97)