


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90053 026 ****61.25

DOCUMENT # N95000000940	
1. Entity Name NAPLES JAZZ SOCIETY, INC.	

Principal Place of Business 217-B BOBOLINK WAY NAPLES FL 34105 US	Mailing Address 217-B BOBOLINK WAY NAPLES FL 34105 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/05)
4. FEI Number 65-0587202	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent MAGILL, RICHARD A 217-B BOBOLINK WAY NAPLES FL 34105	
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7. Name and Address of New Registered Agent Name N/A	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Richard A. Magill</i> Signature, typed or printed name of registered agent and title if applicable	02/02/06 DATE

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	CARLSON, RAYMOND
STREET ADDRESS	1300 MISTY PINES CIR #205
CITY-ST-ZIP	N NAPLES FL 34105
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RYDER, BARBARA
STREET ADDRESS	1920 OAKLEY AVENUE
CITY-ST-ZIP	FORT MYERS FL 33901
TITLE	DTS <input type="checkbox"/> Delete
NAME	MAGILL, RICHARD A
STREET ADDRESS	217 B BABOLINK WAY
CITY-ST-ZIP	NAPLES FL 34105
TITLE	DP <input checked="" type="checkbox"/> Delete
NAME	PUTHON, MICHAELA
STREET ADDRESS	13689 HARBOUR RIDGE DRIVE
CITY-ST-ZIP	FORT MYERS FL 33908
TITLE	D <input type="checkbox"/> Delete
NAME	GOVER, JAMES
STREET ADDRESS	470 18th Ave So
CITY-ST-ZIP	Naples FL 34102
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Richard A. Magill* - Richard A. Magill 02/02/06 (239) 649-4323