

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90065 008 ****70.00

DOCUMENT # N95000003277

1. Entity Name
HERNANDO JAZZ SOCIETY, INC.



Principal Place of Business 11186 SPRING HILL DR PMB 116 SPRING HILL, FL 34609	Mailing Address 11186 SPRING HILL DR PMB 116 SPRING HILL, FL 34609
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01142006 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number 59-3323789	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, EDGAR
299 QUANE AVE.
SPRING HILL, FL 34609

7. Name and Address of New Registered Agent

Name _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLA MAGGIORE, NELSON 5035 HARBINGER RD SPRING HILL, FL 34608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPIO, ED 10389 SANDTRAP DR. SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANRO, LOUIS 11233 CHICKSAW DR SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWLING, BILL 2162 MEADOWLARK RD. SPRING HILL, FL 34608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARO, VINCENT 9295 WESTSHORE DR. WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, EDGAR 299 QUANE AVE. SPRING HILL, FL 34609	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANOCHIK, ANDREW 6334 OCEAN PINE LANE SPRING HILL, FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAURO, LOUIS 11233 CHICKSAW DR SPRING HILL, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOMICK, FRANK 10348 SANDTRAP DR SPRING HILL, FL 34608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Frank Domick **FRANK DOMICK, TRIAS** Date: 1/25/06 Daytime Phone #: 352-666-4842

ATTACHMENT

40007096

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HERNANDO JAZZ SOCIETY, INC

BLOCK 10

OFFICERS AND DIRECTORS (CONTINUED)

TITLE	D
NAME	HERBAN, MOLLY
STREET ADDRESS	14915 BROOKRIDGE BLVD
CITY-ST-ZIP	SPRING HILL, FL 34613

TITLE	D
NAME	PENA, RALPH
STREET ADDRESS	9418 CENTURY DR
CITY-ST-ZIP	SPRING HILL, FL 34606

TITLE	D
NAME	ROMANO, THOMAS
STREET ADDRESS	4043 LIGONIER RD
CITY-ST-ZIP	SPRING HILL, FL 34608

TITLE	D
NAME	TAYLOR, JOSEPHINE
STREET ADDRESS	12203 BONVIEW LANE
CITY-ST-ZIP	SPRING HILL, FL 34609