

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000043

FILED
Jul 11, 2007
Secretary of State

Entity Name: FORT PIERCE JAZZ & BLUES SOCIETY, INC.

Current Principal Place of Business:

FT PIERCE COMMUNITY CTR
600 N INDIAN RIVER DR
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1165 S US HWY #1
#12
FORT PIERCE, FL 34950 US

New Mailing Address:

P.O. BOX 1086
#12
FORT PIERCE, FL 34954 US

FEI Number: 65-0747937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BENTON, MARGARET A ESQ.
800 VIRGINA AVE.
SUITE 10
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BEY, DARRYL T
Address: 1005 KENTUCKY AVENUE
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: BENTON, MARGARET A
Address: PO BOX 939
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: LAURA, PETER
Address: 5388 NW THYER CIR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S () Delete
Name: ALBERTS, CAROL
Address: 2517 S 17TH 205
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: COLE, SIDNEY
Address: 3500 TWIN LAKES TERRACE
City-St-Zip: FORT PIERCE, FL 34951

Title: T () Delete
Name: PRICE, PATRICIA
Address: 555 24TH CT
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DZADOVSKY, CHRISTOPHER P
Address: 2006 MARINER BAY BLVD.
City-St-Zip: FORT PIERCE, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: DANNAHOWER, ROBIN
Address: 2015 S. INDIAN RIVER DRIVE
City-St-Zip: FT. PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FORRESTER, GAIL
Address: 5812 NW ARGO COURT
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER P. DZADOVSKY

DP

07/11/2007

Electronic Signature of Signing Officer or Director

Date