2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90011 001 ****61.25

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1. Entity Name

FORT PIERCE JAZZ & BLUES SOCIETY, INC.

Principal Place of Business	Mailing Address
FT PIERCE COMMUNITY CTR 600 N INDIAN RIVER DR FORT PIERCE FL 34950	P.O. BOX 1086 ~~#12~~ FORT PIERCE FL 34954 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0747937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ D DZADOVSKY, CHRISTOPHER P 2006 MARINER BAY BLVD. FORT PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILL, KATIE 10 HARBOUR ISLE DR E UNIT PH3 FORT PIERCE FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENTON, MARGARET A PO BOX 939 FORT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PALMER-SPERRY, ANITA 674 N.E. SNOOK FIN COURT PORT ST LUCIE FL 34983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DANNAHOWER, ROBIN 2015 S. INDIAN RIVER DRIVE FT. PIERCE FL 34950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAFFORD, DONNA 8803 S. INDIAN RIVER DR FORT PIERCE FL 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALBERTS, CAROL 2517 S 17TH 205 FORT PIERCE FL 34982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAGNELLA, ROBERT 8526 LEADTREE CT PORT ST LUCIE FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ VP FORRESTER, GAIL 5812 NW ARGO COURT PORT ST. LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDMAN, IRV 1326 S.E. VESTRIDGE LANE PORT ST LUCIE FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRICE, PATRICIA 555 24TH CT VERO BEACH FL 32962	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, RANDY 325 N.W. VALENCIA RD MELBOURNE FL 34982	☐ Change ☒ Addition

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: [signature] Treasurer 3-31-08 772-569-0841