

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000043

FILED
Apr 11, 2009
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:

124A NORTH SECOND STREET
FORT PIERCE, FL 34950

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0747937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: DZADOVSKY, CHRISTOPHER P
Address: 2006 MARINER BAY BLVD.
City-St-Zip: FORT PIERCE, FL 34949

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

Title: P () Delete
Name: HILL, KATIE
Address: 10 HARBOUR ISLE DRIVE E, UNIT PH3
City-St-Zip: FORT PIERCE, FL 34949

Title: S () Delete
Name: PALMER-SPERRY, ANITN
Address: 674 NE SNOOK FIN COURT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP () Delete
Name: FORRESTER, GAIL
Address: 5812 NW ARGO COURT
City-St-Zip: PORT ST. LUCIE, FL 34986

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: GENSON, WILLIAM
Address: 2326 LUAU AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

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

Title: VP (X) Change () Addition
Name: DENNING, DEBBIE
Address: 1510 FABER CT.
City-St-Zip: FORT PIERCE, FL 34949

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

Title: D (X) Change () Addition
Name: OMANS, TOM
Address: 3207 S. LAKEVIEW CIRCLE, APT 203
City-St-Zip: FORT PIERCE, FL 34949

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: PATRICIA PRICE

T

04/11/2009

Electronic Signature of Signing Officer or Director

Date