

# ANNUAL REPORT

DOCUMENT # N98000002103

1. Entity Name  
ST. AUGUSTINE JAZZ SOCIETY, INC.



**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90137 022 \*\*\*\*70.00

Principal Place of Business  
28 CORDOVA ST  
SAINT AUGUSTINE, FL 32084 US

Mailing Address  
PO BOX 1505  
ST AUGUSTINE, FL 32085 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



07062006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2948129

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PELLICER, CHARLES E  
28 CORDOVA STREET  
ST. AUGUSTINE, FL 32085

## 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 \_\_\_\_\_

Filing Fee is \$61.25  
Due by September 6, 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	DP	<input checked="" type="checkbox"/> Delete
NAME	WEINTRAUB, STANLEY	
STREET ADDRESS	649 NAUTICAL WAY	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, INGA	
STREET ADDRESS	3212 TURTLE CREEK ROAD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, DUENOW	
STREET ADDRESS	400 FLAGLER BLVD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	JAY, MESSICK	
STREET ADDRESS	5 WHISPERING PINES TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP ERICKSON, INGA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3212 TURTLE CREEK RD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	DT SMITH, DEAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3649 CRAZY HORSE TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	DS BUCKLAND, MARIAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	715 GILDA DR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	DVP CANEROSI, GENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	377 SAN NICOLAS WAY	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
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 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: DEAN SMITH treasurer  
DEAN SMITH