

ANNUAL REPORT

DOCUMENT # N98000002103

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



FILED
Apr 27, 2007 08:00 AM
Secretary of State

Principal Place of Business

28 CORDOVA ST
SAINT AUGUSTINE, FL 32084 US

Mailing Address

PO BOX 1505
ST AUGUSTINE, FL 32085 US



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE

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 May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ERICKSON, INGA
3212 TURTLE CREEK ROAD
ST. AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
SMITH, DEAN
3649 CRAZY HORSE TRL
SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BUCKLAND, MARIAN
715 GILDA DR.
SAINT AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000738869
05/14/07-80002-004 61.25

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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:

Inga Lee Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2007

Daytime Phone #