

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002103

FILED
Feb 12, 2009
Secretary of State

Entity Name: ST. AUGUSTINE JAZZ SOCIETY, INC.

Current Principal Place of Business:

28 CORDOVA ST
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1505
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-2948129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLICER, CHARLES E
28 CORDOVA STREET
ST. AUGUSTINE, FL 32085 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: ERICKSON, INGA
Address: 3212 TURTLE CREEK ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DT () Delete
Name: SMITH, DEAN
Address: 3649 CRAZY HORSE TRL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DS () Delete
Name: BUCKLAND, MARIAN
Address: 715 GILDA DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DVP () Delete
Name: PIERSON, JOHN D
Address: 381 WHISPER RIDGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: KENNEDY, MARGARET
Address: 305 PACIFICA VISTA WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: DEAN O. SMITH

DT

02/12/2009

Electronic Signature of Signing Officer or Director

Date