


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000006327	
1. Entity Name JAZZ ARTS MUSIC SOCIETY OF PALM BEACH, INC.	

Principal Place of Business 227 8TH STREET WEST PALM BEACH, FL 33401	Mailing Address P.O. BOX 3033 PALM BEACH, FL 33480 US
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**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0989631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MERRITT, SUSAN  
227 8TH STREET  
WEST PALM BEACH, FL 33401

**DO NOT WRITE 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 *Susan Merritt* (NOTE: Registered Agent signature required when reinstating) DATE 3/25/04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRITT, SUSAN 227 8TH STREET WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPFIELD, MARTY 269 PARK AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAUS, MARCI BISCAYNE BLVD W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYER, CHARLES 418 30TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000098614  
03/29/04-80047-022 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Susan Merritt* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/25/04 Daytime Phone # 561-835-0382