

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90002 030 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0989631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	MERRITT, SUSAN	
STREET ADDRESS	227 8TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMPFIELD, MARTY	
STREET ADDRESS	269 PARK AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAUS, MARCI	
STREET ADDRESS	BISCAYNE BLVD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOYER, CHARLES	
STREET ADDRESS	418 30TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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	<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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy McCullough
STREET ADDRESS	3646 N. OCEAN DR. #1228
CITY-ST-ZIP	SINGER ISLAND, FL 33404
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	
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 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 M. Merritt

Susan M. Merritt

3/28/05

561-835-0382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #