


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

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004978 1. Entity Name THE JUBILEE CENTER OF SOUTH BROWARD, INC.	
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Principal Place of Business 2000 N DIXIE HWY HOLLYWOOD FL 33020	Mailing Address P.O. BOX 221340 HOLLYWOOD FL 33022 US
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt #, etc. City & State Zip
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1st MOORE CR2E037 (10/04)

4. FEI Number 65-0609182	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MC GOUGH, E. DENT 4730 FILLMORE STREET HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	S WILLIAMS, LUCY <input type="checkbox"/> Delete 738 S W 3RD STREET DANIA FL 33004
TITLE	T BURNLEY, JOYCE <input type="checkbox"/> Delete 616 S W 5TH COURT HALLANDALE FL 33009
TITLE	V BLISS, WILLIAM <input type="checkbox"/> Delete 3156 NORTH 34TH ST. HOLLYWOOD FL 33021
TITLE	C MC GOUGH, E. DENT <input type="checkbox"/> Delete 4730 FILLMORE ST. HOLLYWOOD FL 33021
TITLE	D JARRETT, JOHN <input type="checkbox"/> Delete 705 N.W. 1ST AVE. HALLANDALE FL 33009
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000250504 03/04/05-80012-019 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joyce A. Burnley Joyce A Burnley 3/1/05 954-456-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #