


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008814		
1. Entity Name THE JULIA E. BROWN THEATRICAL ASSOCIATION, INC.		
Principal Place of Business 1555 SW 109 AVE STE 310 PEMBROKE PINES, FL 33025		Mailing Address 1555 SW 109 AVE STE 310 PEMBROKE PINES, FL 33025
2. Principal Place of Business		3. Mailing Address 11020 PEMBROKE ROAD Suite, Apt. #, etc. #211
Suite, Apt. #, etc. #211		City & State MIRAMAR, FL
City & State MIRAMAR, FL		4. FEI Number 20-1628395
Zip 33025	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLACK, JONATHAN R 14411 COMMERCE WAY STE 320 MIAMI LAKES, FL 33016		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAYNES, ED 1555 SW 109 AVE STE 310 PEMBROKE PINES, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THOMPSON, CHARLES 2820 NW 67 ST MIAMI, FL 33147	EXECUTIVE DIRECTOR BROWN, JULIA E. 1601 NW 81ST ST. MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENRY, ROBERT 2465 SW 103 WAY MIRAMAR, FL 33317	600059016106 08/26/05--01003--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, VALERIE 7121 ALHAMBRA BLVD MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JULIA E 1601 NW 81 ST MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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: <i>Edward L. Haynes</i> EDWARD L. HAYNES 8/20/05 (954) 445-3779		_____ DATE _____ DAYTIME PHONE # _____

FILED
 05 AUG 25 PM 12:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



08202005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL Zip Code

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #