2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000008814

1. Entity Name
THE JULIA E. BROWN THEATRICAL ASSOCIATION, INC.

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SECRET...
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Principal Place of Business	Mailing Address
1555 SW 109 AVE STE 310 PEMBROKE PINES, FL 33025	1555 SW 109 AVE STE 310 PEMBROKE PINES, FL 33025

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IIIIIIIIIIIIIIIIIIIIIIIIIIIIII (barcode)

2. Principal Place of Business		3. Mailing Address _11020 PEMBROKE ROAD_	08202005 Chg-NP CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc. _#211_	
City & State		City & State _MIRAMAR, FL_	**4. FEI Number** _20-1628395_ ☐ Applied For ☐ Not Applicable
Zip	Country	Zip _33025_ Country _USA_	**5. Certificate of Status Desired** ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLACK, JONATHAN R 14411 COMMERCE WAY STE 320 MIAMI LAKES, FL 33016	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

Filing Fee is $61.25 **Due by September 7, 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		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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_EXECUTIVE DIRECTOR_ _BROWN, JULIA E._ _1601 NW 81ST ST._ _MIAMI FL 33147_	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THOMPSON, CHARLES 2620 NW 67 ST MIAMI, FL 33147	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENRY, ROBERT 2465 SW 103 WAY MIRAMAR, FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600059016106 08/26/05--01003--023 **150.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKENZIE, VALERIE 7121 ALHAMBRA BLVD MIRAMAR, FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JULIA E 1601 NW 81 ST MIAMI, FL 33147	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _Edward L. Haynes_ EDWARD L. HAYNES 8/20/05 (954) 445-3779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #