

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 02, 2009
Secretary of State**

DOCUMENT# N04000008814

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

Current Principal Place of Business:

1601 NW 81ST ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1601 NW 81ST ST
MIAMI, FL 33147

New Mailing Address:

FEI Number: 20-1628395 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYNES, ED
7121 ALHAMBRA BLVD.
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ED HAYNES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HAYNES, ED
Address: 7121 ALHAMBRA BLVD
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ED () Delete
Name: BROWN, JULIA E
Address: 1601 NW 81ST ST
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: HENRY, ROBERT
Address: 2465 SW 103 WAY
City-St-Zip: MIRAMAR, FL 33317

Title: T () Delete
Name: MCKENZIE, VALERIE
Address: 7121 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED HAYNES

Electronic Signature of Signing Officer or Director

PC

12/02/2009

Date