

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28453** (1)

1. Corporation Name

**BORN FOR BROADWAY, INC.**



Principal Place of Business

Mailing Address

**8817 12TH AVE NW  
BRADENTON FL 34209**

**8817 12TH AVE NW  
BRADENTON FL 34209-9650**

3. Date Incorporated or Qualified <b>09/21/1988</b>	3a. Date of Last Report <b>09/09/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>1103 Mallorca Dr</b>	26 <b>1103 Mallorca Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Bradenton FL</b>	28 <b>Bradenton FL</b>
Zip	Zip
24 <b>34209</b>	29 <b>34209</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

4. FEI Number <b>65-0071268</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETTIGREW, JOHN D.  
2620 MANATEE AVENUE WEST, SUITE E  
BRADENTON FL 34205**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Louise N. Maxwell* *Louise N. Maxwell, Treasurer* *4/24/97*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DICKMAN, JOHN</b>
STREET ADDRESS	<b>8817 12TH AVE NW</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>PETTIGREW, JOHN D.</b>
STREET ADDRESS	<b>530 75TH ST</b>
CITY - ST - ZIP	<b>HOLMES BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DICKMAN, CAROL</b>
STREET ADDRESS	<b>8817 12TH AVE NW</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ALEXANDER, ELAINE</b>
STREET ADDRESS	<b>1330 CARLTON ARMS DR #1</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GALLAGHER, JANET</b>
STREET ADDRESS	<b>6510 29TH AVE W</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RAMPART, SHIRLEY</b>
STREET ADDRESS	<b>108 TIDEWATER DR</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Charles W. Jones</b>
1.3 STREET ADDRESS	<b>1804 18th St. W.</b>
1.4 CITY - ST - ZIP	<b>Bradenton FL 34205</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Louise N. Maxwell</b>
4.3 STREET ADDRESS	<b>1103 Mallorca Dr</b>
4.4 CITY - ST - ZIP	<b>Bradenton FL 34209</b>
5.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Una J. Jones</b>
5.3 STREET ADDRESS	<b>1804 18th St. W.</b>
5.4 CITY - ST - ZIP	<b>Bradenton FL 34205</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louise N. Maxwell* *4/24/97* *941-792-1501*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0081989

CR2E037 (9/96)