


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90557 005 ****61.25

DOCUMENT # N47614					
1. Entity Name FINE ART ON BROADWAY, INC.					
Principal Place of Business 20 S W BROADWAY STE B OCALA, FL 34474 US			Mailing Address PO BOX 6023 OCALA, FL 34478		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, PAUL M 10896SW 90TH TERRACE OCALA, FL 34481				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAUL M			NAME	
STREET ADDRESS	10896 SW 90TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34481			CITY-ST-ZIP	
TITLE	VPT	<input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, ANITA			NAME	Jordan, Ruth
STREET ADDRESS	PO BOX 237			STREET ADDRESS	13177 SE 47th Court
CITY-ST-ZIP	CHANDLER, FL 32111			CITY-ST-ZIP	Bellevue, FL 34420
TITLE	T	<input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, PHYLLIS H			NAME	Barnes Phyllis H.
STREET ADDRESS	3701 SW 5TH COURT			STREET ADDRESS	3701 SW 5th Court
CITY-ST-ZIP	OCALA, FL 34474			CITY-ST-ZIP	Ocala, FL 34474
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 		Date: 4/18/05		Daytime Phone #: 88-0650	
Paul Martin Brown					

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