FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000003423 (1)

1. Corporation Name

THE JONATHAN ROBINSON THEATRICAL WORKSHOP, INC.

Principal Place of Business	Mailing Address
4610 LIPSCOMB STREET SUITE 7 PALM BAY FL 32905-4805	4610 LIPSCOMB STREET SUITE 7 PALM BAY FL 32905-4805

3. Date Incorporated or Qualified: 07/29/1993
3a. Date of Last Report: 09/22/1994
4. FEI Number: 59-3193789 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMES, LAWRENCE
4610 LIPSCOMB STREET
SUITE 7
PALM BAY FL 32905

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: LAWRENCE JAMES — 4-26-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Executive Director	☒ Change ☐ Addition
NAME	JAMES, SHEILA	12 NAME	Sheila James	
STREET ADDRESS	239 AVENS ROAD	13 STREET ADDRESS	239 Aveno	
CITY-ST-ZIP	PALM BAY FL 32907	14 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	VD	21 TITLE	Vice Pres Board (D)	☒ Change ☐ Addition
NAME	ROBINSON, JONATHAN	22 NAME	LUCINCIA J ALBA	
STREET ADDRESS	975 SALLY STREET	23 STREET ADDRESS	1289 Glen Cove Ave NW	
CITY-ST-ZIP	PALM BAY FL 32909	24 CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	TD	31 TITLE	Presidem of Board	☒ Change ☐ Addition
NAME	ROBINSON, MARYLOU	32 NAME	Marylou Robinson (D)	
STREET ADDRESS	975 SALLY STREET	33 STREET ADDRESS	975 Sally St	
CITY-ST-ZIP	PALM BAY FL 32909	34 CITY-ST-ZIP	Palm Bay FL 32909	
TITLE		41 TITLE	ASSISTANT EXECUTIVE DIRECTOR	☐ Change ☒ Addition
NAME		42 NAME	JOSEPH A ALBA	
STREET ADDRESS		43 STREET ADDRESS	1289 GLENCOVE AVE N.W	
CITY-ST-ZIP		44 CITY-ST-ZIP	PALM BAY FLA. 32907	
TITLE		51 TITLE	JONATHAN ROBINSON BOARD OF DIRECTORS (D)	☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	975 SALLY ST.	
CITY-ST-ZIP		54 CITY-ST-ZIP	PALM BAY FLA 32909	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS	REMITTED BY MAY 1	63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	TLS 6/21/95	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sheila James Sheila James — 4-26-95 — 407 727 7727
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0035416