

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 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 # **N93000003423 (1)**

1. Corporation Name

**THE JONATHAN ROBINSON THEATRICAL WORKSHOP, INC.**



Principal Place of Business <b>4610 LIPSCOMB STREET SUITE 7 PALM BAY FL 32905-4805</b>	Mailing Address <b>4610 LIPSCOMB STREET SUITE 7 PALM BAY FL 32905-2803</b>	3. Date Incorporated or Qualified <b>07/29/1993</b>	3a. Date of Last Report <b>02/22/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3193789</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>ROBINSON, MARYLOU 4610 LIPSCOMB STREET SUITE 7 PALM BAY FL 32905</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>ED</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JAMES, SHEILA</b>		1.2 NAME	
STREET ADDRESS <b>975 SALLY STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBINSON, JONATHAN</b>		2.2 NAME	
STREET ADDRESS <b>975 SALLY STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY FL 32909</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBINSON, MARYLOU</b>		3.2 NAME	
STREET ADDRESS <b>975 SALLY STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY FL 32909</b>		3.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DRAKES, JOY</b>		4.2 NAME	
STREET ADDRESS <b>1291 SAXONY ROAD SE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>M</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN, KAREN</b>		5.2 NAME	
STREET ADDRESS <b>1121 PINEAPPLE AVENUE NE</b>		5.3 STREET ADDRESS <b>PAMELA JOYCE 902 HAAS AVE. N.E. PALM BAY, FLA. 32907</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBINSON, RICHARD</b>		6.2 NAME	
STREET ADDRESS <b>2467 S WASHINGTON AVENUE APT. 307B</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TITUSVILLE FL</b>		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.

CR2E037 (9/96)