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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	Mailing Address
4610 LIPSCOMB STREET SUITE 7 PALM BAY FL 32905-4805	4610 LIPSCOMB STREET SUITE 7 PALM BAY FL 32905-4805

2. Principal Place of Business	2a. Mailing Address
21 239 AVENS RD. N.E. Suite, Apt. #, etc. 22 PALM BAY, FLA City & State 23 Zip 24 32907 Country 25 USA	26 P.O. Box 100233 Suite, Apt. #, etc. 27 City & State 28 PALM BAY, FLA. Zip 29 32910 Country 30 USA

3. Date Incorporated or Qualified	07/29/1993
4. FEI Number	59-3193789
Applied For	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
ROBINSON, MARYLOU 4610 LIPSCOMB STREET SUITE 7 PALM BAY FL 32905

10. Name and Address of New Registered Agent
81 Name ROBINSON, MARYLOU
82 Street Address (P.O. Box Number is Not Acceptable) 239 AVENS RD. NE.
83
84 City PALM BAY FL 85 Zip Code 32907

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 MARYLOU ROBINSON Marylou Robinson 2/21/98
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	
NAME	JAMES, SHEILA	1.2 NAME	
STREET ADDRESS	975 SALLY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ROBINSON, JONATHAN	2.2 NAME	
STREET ADDRESS	975 SALLY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	ROBINSON, MARYLOU	3.2 NAME	
STREET ADDRESS	975 SALLY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	DRAKES, JOY	4.2 NAME	
STREET ADDRESS	1291 SAXONY ROAD SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	JOYCE, PAMELA	5.2 NAME	
STREET ADDRESS	902 HAAS AVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROBINSON, RICHARD	6.2 NAME	
STREET ADDRESS	2467 S WASHINGTON AVENUE APT. 307B	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	

14. 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 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: Pamela Joyce Pamela Joyce 2/20/98 407-723-9424

CR2E037 (10/97)