

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -3 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000005547 (5)**

1. Corporation Name  
**JUNIOR THEATRE OF BREVARD, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 372735 SATELLITE BEACH FL 32907-0735  
P.O. BOX 372735 SATELLITE BEACH FL 32907-0735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/02/1993</b>	3a. Date of Last Report <b>07/26/1994</b>
4. FEI Number <b>59-3221818</b>	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 100.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**CABRERA, JOSEPH R  
550 TEMPLE STREET  
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent

81. Name <b>HOWARD, ALISA</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>304 OSAGE DRIVE</b>
83. City <b>INDIAN HARBOUR BEACH FL</b>
84. Zip Code <b>32937</b>

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 *Alisa Howard* **ALISA HOWARD T/D** **6/27/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>O'ROURKE, KATHY</b>
STREET ADDRESS	<b>1118 CHEYENNE DRIVE</b>
CITY, ST, ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>
TITLE	<b>D</b>
NAME	<b>CABRERA, JOSEPH R</b>
STREET ADDRESS	<b>550 TEMPLE STREET</b>
CITY, ST, ZIP	<b>SATELLITE BEACH FL 32937</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11. TITLE	<b>P/O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>CROW, DEBBIE</b>	
13. STREET ADDRESS	<b>821 MARSHALL DR. APT. C</b>	
14. CITY, ST, ZIP	<b>MELBOURNE, FLORIDA 32903</b>	
21. TITLE	<b>WIFE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>MCELWEE, EILEEN</b>	
23. STREET ADDRESS	<b>2640 LOWELL CIRCLE</b>	
24. CITY, ST, ZIP	<b>MELBOURNE, FL 32935</b>	
31. TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	<b>HOWARD, ALISA</b>	
33. STREET ADDRESS	<b>304 OSAGE DRIVE</b>	
34. CITY, ST, ZIP	<b>INDIAN HARBOUR BEACH, FL 32937</b>	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 prepare 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: *Alisa Howard* **ALISA HOWARD** **6/27/95** **407-253-1050**