

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004668

FILED
Jul 10, 2004
Secretary of State**Entity Name:** BRADENTON TWIRLING ACADEMY, INC.**Current Principal Place of Business:**5719 31ST COURT EAST
BRADENTON, FL 34203**New Principal Place of Business:**6360 17TH ST CIR E
SARASOTA, FL 34243**Current Mailing Address:**5719 31ST COURT EAST
BRADENTON, FL 34203 US**New Mailing Address:**6223 90TH AVE CIR E
PARRISH, FL 34219 US**FEI Number:** 65-0690943**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WOLFE, KAREN D
5719 31ST COURT EAST
BRADENTON, FL 34203**Name and Address of New Registered Agent:**WOLFE, KAREN D
6223 90TH AVE CIR E
PARRISH, FL 34219

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.

SIGNATURE: _____

07/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VTD () Delete
Name: WOLFE, JEFFREY M
Address: 5719 31ST COURT EAST
City-St-Zip: BRADENTON, FL 34203**Title:** SD () Delete
Name: DIGMAN, MARTHA B
Address: 804 36TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34208**Title:** PD () Delete
Name: WOLFE, KAREN D
Address: 5719 31ST COURT EAST
City-St-Zip: BRADENTON, FL 34203**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VTD (X) Change () Addition
Name: WOLFE, JEFFREY M
Address: 6223 90TH AVE CIR E
City-St-Zip: PARRISH, FL 34219**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: WOLFE, KAREN D
Address: 6223 90TH AVE CIR E
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY M. WOLFE

VTD

07/10/2004

Electronic Signature of Signing Officer or Director

Date