

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90427 045 \*\*\*\*70.00

**DOCUMENT # 705878**

1. Entity Name  
**SUNTAN ART CENTER, INC.**



Principal Place of Business  
**139 107TH AVE  
TREASURE ISLAND, FL 33706**

Mailing Address  
**139 107TH AVE  
TREASURE ISLAND, FL 33706**

2. Principal Place of Business  
**3300 Gulf Blv**  
Suite, Apt. #, etc.

3. Mailing Address  
**3300 Gulf Blv**  
Suite, Apt. #, etc.



04262006 Chg-NP CR2E037 (11/05)

City & State  
**ST Petersburg Beach, FL**  
Zip  
**33706**  
Country  
**Pinellas**

City & State  
**ST Pete Beach, FL**  
Zip  
**33706**  
Country  
**Pinellas**

4. FEI Number  
**23-7033821**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OWENS WAGNER, ETHEL  
1100 55TH AVE N  
SAINT PETERSBURG, FL 33703**

7. Name and Address of New Registered Agent

Name **Libit Jones**  
Street Address (P.O. Box Number is Not Acceptable)  
**3500-12th Ave N**  
City **St Petersburg** FL Zip Code **33713**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ethel Owens Wagner* *Libit Jones* *4/26/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PVPD** ☒ Delete  
NAME **TEASLEY, JEAN**  
STREET ADDRESS **1630 A ROYAL PALM DR**  
CITY - ST - ZIP **GULFPORT, FL 33707**

TITLE **P** ☐ Delete  
NAME **JONES, LIBIT**  
STREET ADDRESS **3500 12TH AVENUE N**  
CITY - ST - ZIP **SAINT PETERSBURG, FL 33713**

TITLE **TD** ☐ Delete  
NAME **OWEN WAGNER, ETHEL**  
STREET ADDRESS **1100 55TH AVE N**  
CITY - ST - ZIP **SAINT PETERSBURG, FL 33703**

TITLE **Sc** ☐ Delete  
NAME **DANSON, TERRY**  
STREET ADDRESS **6300 20TH ST S**  
CITY - ST - ZIP **SAINT PETERSBURG, FL 33712**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition  
NAME **Denson, Terry**  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ethel Owens Wagner* *Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/06*  
Date Daytime Phone #