


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90012 037 \*\*\*\*61.25

<b>DOCUMENT # 722527</b>	
1. Entity Name <b>NICHOLSON SCHOOL OF BRADENTON, INC.</b>	

Principal Place of Business <b>4090 RIVERVIEW BLVD WEST BRADENTON FL 34209 US</b>	Mailing Address <b>4090 RIVERVIEW BLVD WEST BRADENTON FL 34209 US</b>
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2. Principal Place of Business <b>4090 RIVERVIEW BLVD W.</b> Suite, Apt. #, etc. <b>N/A</b>	3. Mailing Address <b>4090 RIVERVIEW BLVD. W.</b> Suite, Apt. #, etc. <b>N/A</b>
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City & State <b>BRADENTON, FL 34209</b>	City & State <b>BRADENTON, FLORIDA</b>
Zip <b>34209</b>	Country <b>MANATEE</b>

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>NICHOLSON, SCOTT 4090 RIVERVIEW BLVD. WEST BRADENTON FL 34209</b>
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7. Name and Address of New Registered Agent Name <b>SCOTT NICHOLSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>4090 RIVERVIEW BLVD. WEST</b> City <b>BRADENTON</b> FL Zip Code <b>34209</b>
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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 <b>Scott Nicholson</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>02-21-04</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NICHOLSON, SCOTT 4090 RIVERVIEW BLVD W BRADENTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ANNE H 3212 NOBLE AVE RICHMOND VA 23222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASILEWSKA, ANNA 2833 LINWOOD DRIVE SARASOTA FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.	
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SIGNATURE: <b>Scott Nicholson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2-21-04 941-748-5232</b> <small>Date Daytime Phone #</small>
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