


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 722527	
1. Entity Name NICHOLSON SCHOOL OF BRADENTON, INC.	

Principal Place of Business 4090 RIVERVIEW BLVD WEST BRADENTON, FL 34209 US	Mailing Address 4090 RIVERVIEW BLVD WEST BRADENTON, FL 34209 US
---	---

DO NOT WRITE IN THIS SPACE



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NICHOLSON, SCOTT 4090 RIVERVIEW BLVD. WEST BRADENTON, FL 34209

DO NOT WRITE
IN THIS SPACE

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: <u>Scott Nicholson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>7-01-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NICHOLSON, SCOTT 4090 RIVERVIEW BLVD W BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ANNE H 3212 NOBLE AVE RICHMOND, VA 23222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASILEWSKA, ANNA 2833 LINWOOD DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

UN0000370668
07/05/05-80025-018 61.25

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.	
SIGNATURE: <u>Scott Nicholson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>7-01-05</u> <small>Date Daytime Phone #</small>