


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90235 037 ****70.00

DOCUMENT # 722527 1. Entity Name NICHOLSON SCHOOL OF BRADENTON, INC.	
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40091038



04282008 Chg-NP CR2E037 (12/06)

Principal Place of Business 4090 RIVERVIEW BLVD WEST BRADENTON, FL 34209 US	Mailing Address NICHOLSON SCHOOL OF BRADENTON 4090 RIVERVIEW BLVD W BRADENTON, FL 34209 US
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2. Principal Place of Business - No P.O. Box # 4090 Riverview Blvd. W.	3. Mailing Address 2907 AVENUE E
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton, FL	City & State Holmes Beach FL
Zip 34209	Zip 34217
Country US	Country US

6. Name and Address of Current Registered Agent NICHOLSON, SCOTT 4090 RIVERVIEW BLVD. WEST BRADENTON, FL 34209	7. Name and Address of New Registered Agent Name DAVID ZACCAGNINO Street Address (P.O. Box Number is Not Acceptable) 2907 AVENUE E City Holmes Beach FL Zip Code 34217
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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

David Zaccagnino
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASILEWSKA, ANNA 2833 LINWOOD DRIVE SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Director ZACCAGNINO, DAVID 2907 AVENUE E HOLMES BEACH, FL 34217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:

David Zaccagnino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/08 (41) 586-3697

Daytime Phone #