

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-25-2004 90031 018 \*\*\*\*70.00

**DOCUMENT # N02000003041**

1. Entity Name  
**TAMPA BAY AREA PROFESSIONAL VIDEOGRAPHERS  
ASSOCIATION, INC.**



Principal Place of Business  
**1317 DEW BLOOM RD  
VALRICO, FL 33594**

Mailing Address  
**1317 DEW BLOOM RD  
VALRICO, FL 33594**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**81-0548769**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, AARON  
1317 DEW BLOOM RD  
VALRICO, FL 33594**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2004**

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 PD ☐ Delete  
NAME SCOTT, AARON  
STREET ADDRESS 1317 DEW BLOOM RD  
CITY-ST-ZIP VALRICO, FL 33594

TITLE VD ☒ Change ☐ Addition  
NAME Bengale, Chuck  
STREET ADDRESS 509 Lime Tree Dr.  
CITY-ST-ZIP Oldsmar, FL 34677 (Vice President)

TITLE VD ☒ Delete  
NAME VANETTEN, DOUG  
STREET ADDRESS 7333 JASMIN DR  
CITY-ST-ZIP NEW PORT RICHIE, FL 34652

TITLE SD ☐ Change ☒ Addition  
NAME MIKE CIARAVINO  
STREET ADDRESS 10513 ANGLECREST DR  
CITY-ST-ZIP RIVERVIEW FLORIDA 33569

TITLE SD ☒ Delete  
NAME BENGELE, CHUCK  
STREET ADDRESS 509 LIMETREE DR  
CITY-ST-ZIP OLDSMAR, FL 34677

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

TITLE TD ☐ Delete  
NAME MICHELETTI, ALDO  
STREET ADDRESS 15809 COUNTRY LAKE DR  
CITY-ST-ZIP TAMPA, FL 33624

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:**

*Aaron Scott*  
**AARON SCOTT**

**3/15/04**  
Date

**(813) 681-7000**  
Daytime Phone #