

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90864 006 \*\*\*\*61.25

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<b>DOCUMENT # N06000010349</b> 1. Entity Name <b>BOHEMIA SOCIETY OF THE ARTS AND SCIENCES, INC.</b>			
Principal Place of Business <b>122 N. HYER AVE. ORLANDO, FL 32801</b>		Mailing Address <b>122 N. HYER AVE. ORLANDO, FL 32801</b>	
2. Principal Place of Business - No P.O. Box # <b>427 N. Shine Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>427 N. Shine Ave</b> Suite, Apt. #, etc.	
City & State <b>Orlando FL</b> Zip <b>32803</b> Country		City & State <b>Orlando FL</b> Zip <b>32803</b> Country	
4. FEI Number <b>20-5656768</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARAY, ALEXANDER MR. 122 N. HYER AVE. ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GARAY, ALEXANDER</b> <b>122 N. HYER AVE.</b> <b>ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>427 N. Shine Ave</b> <b>Orlando FL 32803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CURRIER, ANN</b> <b>1724 GURTLER CT. #01</b> <b>ORLANDO, FL 32804</b> <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	T <b>RANKIN, ROMELIE</b> <b>1624 OVEIDO GROVE CIRCLE APT. 06</b> <b>OVEIDO, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3748 Collingwood Lane</b> <b>Oviedo FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BASILE, JANETTE</b> <b>561 CALIBRE CREST PKWY. APT. 102</b> <b>ALTAMONTE SPRINGS, FL 32714</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>Dana Escher</b> <b>427 N. Shine Ave</b> <b>Orlando FL 32803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM <b>CAMERON, ERIN</b> <b>3407 CHATSWORTH LN.</b> <b>ORLANDO, FL 32812</b> <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	<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.			
<b>SIGNATURE:</b> <i>Romelie Rankin</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date <b>4-27-07</b>		Daytime Phone # <b>4073390714</b>	