

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** OVATIONS SCHOOL FOR THE ARTS INC.

**Current Principal Place of Business:**

2100 4TH ST S  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

9945 66TH ST N  
PINELLAS PARK, FL 33782 US

**Current Mailing Address:**

2100 4TH ST S  
ST PETERSBURG, FL 33705

**New Mailing Address:**

PO BOX 48271  
ST PETERSBURG, FL 33743 US

**FEI Number:** 26-3210563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEELIN, CARA S DPS  
2100 4TH ST S  
ST PETERSBURG, FL 33705 US

**Name and Address of New Registered Agent:**

KEELIN, CARA S DPS  
9945 66TH ST N  
PINELLAS PARK, FL 33782 US

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.

SIGNATURE:

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: KEELIN, CARA  
Address: PO BOX 48271  
City-St-Zip: ST PETERSBURG, FL 33743 US

Title: DT  
Name: KEELIN, MATTHEW  
Address: PO BOX 48271  
City-St-Zip: ST PETERSBURG, FL 33743 US

Title: M  
Name: SAVELL, ROBERT L  
Address: PO BOX 48271  
City-St-Zip: ST PETERSBURG, FL 33743 US

Title: M  
Name: TREMOR, MICHAEL F  
Address: PO BOX 48271  
City-St-Zip: ST PETERSBURG, FL 33743 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARA S KEELIN

DPS

04/23/2012

Electronic Signature of Signing Officer or Director

Date