

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41098

FILED
Apr 20, 2005
Secretary of State

Entity Name: BRAVO CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

7200 US HIGHWAY 19 NORTH
#726
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

6085 PARK BLVD
PINELLAS PARK, FL 33781 US

Current Mailing Address:

% BEA NASIADKA
P.O. BOX 40088
ST PETERSBURG, FL 33743 US

New Mailing Address:

% BEA NASIADKA
P.O. BOX 8804
SEMINOLE, FL 33775 US

FEI Number: 59-3145166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASIADKA, BEA
11969 MURRAY AVE
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: NASIADKA, BEA
Address: 11969 MURRAY AVE
City-St-Zip: LARGO, FL 33778

Title: PD () Delete
Name: HAMMESFAHR, WILLIAM
Address: 16110-5TH STREET EAST
City-St-Zip: REDINGTON BEACH, FL 33708

Title: MSD () Delete
Name: SIEGEL, ELLEN J
Address: 4666 8TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: TD () Delete
Name: BOWMAN, SANDRA
Address: 10190 125TH ST N
City-St-Zip: SEMINOLE, FL 33772

Title: VPD () Delete
Name: ANYAN, MARY
Address: 1800 FOLLOW-THRU RD. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MSD (X) Change () Addition
Name: NASIADKA, BEA
Address: 11969 MURRAY AVE
City-St-Zip: LARGO, FL 33778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RAMIREZ, AUDREY
Address: 6818 STONES THROW CIR
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TREASURE/SANDRA BOWMAN

TD

04/20/2005

Electronic Signature of Signing Officer or Director

Date