## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N41098

**FILED** Apr 05, 2006 Secretary of State

Entity Name: BRAVO CENTER FOR THE ARTS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

6085 PARK BLVD 13400 PARK BLVD

PINELLAS PARK, FL 33781 SEMINOLE, FL 33776 US US

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

NASIADKA, BEA 11969 MURRAY AVE LARGO, FL 33778

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:

Title:

Date

Title:

ED

Electronic Signature of Registered Agent

(X) Change ( ) Addition

## **OFFICERS AND DIRECTORS:**

PD

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition NASIADKA, BEA NASIADKA, BEA Name: Name: 11969 MURRAY AVE Address: 11969 MURRAY AVE Address:

City-St-Zip: LARGO, FL 33778 City-St-Zip: LARGO, FL 33778

HAMMESFAHR, WILLIAM Name: NASIADKA, BEA Name: Address: 16110-5TH STREET EAST Address: 11969 MURRAY AVE City-St-Zip: REDINGTON BEACH, FL 33708 City-St-Zip: LARGO, FL 33778

Title: MSD () Delete Title: **VPD** (X) Change ( ) Addition NASIADKA, BEA RAMIREZ, AUDREY Name: Name: Address: 11969 MURRAY AVE Address: 6818 STONES THROW CIR City-St-Zip: LARGO, FL 33778 City-St-Zip: SAINT PETERSBURG, FL 33710

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: BOWMAN, SANDRA Name: BOWMAN, SANDRA

10190 125TH ST N Address: Address: 11623 84TH AVE NORTH City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772

Title: VPD (X) Delete Title: () Change () Addition

Name: RAMIREZ, AUDREY Name: 6818 STONES THROW CIR Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33710 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SANDRA BOWMAN TD 04/05/2006