

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41098

FILED
Apr 06, 2009
Secretary of State

Entity Name: BRAVO CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

13400 PARK BLVD
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8804
SEMINOLE, FL 33775 US

New Mailing Address:

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

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

Title: VPD () Delete
Name: RAMIREZ, AUDREY
Address: 6818 STONES THROW CIR
City-St-Zip: SAINT PETERSBURG, FL 33771

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

Title: SEC () Delete
Name: BOWMAN, SANDRA A SEC
Address: 11623 84TH AVE NORTH
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: RAMIREZ, AUDREY VPD
Address: 20 - 8 AVENUE SE
City-St-Zip: LARGO, FL 33771

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BEA NASIADKA

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date