

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002415

FILED
Apr 28, 2005
Secretary of State

Entity Name: PROFESSIONAL ASSOCIATION OF VISUAL ARTISTS, INC.

Current Principal Place of Business:

1802 HARVARD AVENUE
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

PO BOX 2665
DUNEDIN, FL 34697

New Mailing Address:

FEI Number: 59-3318045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBBARD, JOHN G
595 MAIN STREET
DUNEDIN, FL 34698 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: T () Delete
Name: LEHNER, VICTOR
Address: 9234 GRAND CYPRESS DR
City-St-Zip: WEEKI WACHEE, FL 34613

Title: T () Delete
Name: SCOTT, BILL
Address: 11865 34TH STREET N
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: T () Delete
Name: ROLLINS-GEHRING, SUSAN
Address: 217 ABERDEEN ST.
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: RENC, BILL
Address: 135 JOYCE STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: HILLARY, ROBIN
Address: 215 TARPON INDUSTRIAL CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SCHATZ, STEPHEN
Address: 6028 ELMHURST DR
City-St-Zip: NEW PORT RICHEY, FL 34653

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

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

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

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

Title: T () Change (X) Addition
Name: PARKINSON, CONNIE S
Address: 639 MICHIGAN BLVD. APT. 200
City-St-Zip: DUNEDIN, FL 34698

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: SUSAN ROLLINS GEHRING

T

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date