

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# N95000002415

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: 59-3317045

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: SCHATZ, STEPHEN
Address: 6028 ELMHURST DR
City-St-Zip: NEW PORT RICHEY, FL 34653

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: PARKINSON, CONNIE S
Address: 639 MICHIGAN BLVD. APT. 200
City-St-Zip: DUNEDIN, FL 34698

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 (X) Change () Addition
Name: GASTON, DENIS
Address: 324 SCOTLAND ST. APT 2
City-St-Zip: DUNEDIN, FL 34698

Title: T (X) Change () Addition
Name: PARKINSON, CONNIE S
Address: 2830 DEERHOUND WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Change (X) Addition
Name: FRIEDMAN, JENNA
Address: 4440 FLORAMAR TERR.
City-St-Zip: NEW PORT RICHEY, FL 34652

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: SUSAN ROLLINS GEHRING

PRES

03/07/2008

Electronic Signature of Signing Officer or Director

Date