

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004668

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** BRADENTON TWIRLING ACADEMY, INC.

**Current Principal Place of Business:**

6360 17TH ST CIR E  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

6223 90TH AVE CIR E  
PARRISH, FL 34219 US

**New Mailing Address:**

**FEI Number:** 65-0690943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WOLFE, KAREN D  
6223 90TH AVE CIR E  
PARRISH, FL 34219 US

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: VTD ( ) Delete  
Name: WOLFE, JEFFREY M  
Address: 6223 90TH AVE CIR E  
City-St-Zip: PARRISH, FL 34219

Title: SD ( ) Delete  
Name: DIGMAN, MARTHA B  
Address: 804 36TH AVENUE EAST  
City-St-Zip: BRADENTON, FL 34208

Title: PD ( ) Delete  
Name: WOLFE, KAREN D  
Address: 6223 90TH AVE CIR E  
City-St-Zip: PARRISH, FL 34219

**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:

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: KAREN D WOLFE

PD

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date