

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007851

**Entity Name:** OVATIONS SCHOOL FOR THE ARTS INC.

**Current Principal Place of Business:**

5942 48TH AVE NORTH  
KENNETH CITY, FL 33709

**Current Mailing Address:**

PO BOX 48271  
ST PETERSBURG, FL 33743 US

**FEI Number:** 26-3210563

**Certificate of Status Desired:** No

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

KEELIN, CARA SDPS  
5942 48TH AVE NORTH  
KENNETH CITY, FL 33709 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

**Officer/Director Detail :**

Title DPS  
Name KEELIN, CARA  
Address PO BOX 48271  
City-State-Zip: ST PETERSBURG FL 33743

Title M  
Name SAVELL, ROBERT L  
Address PO BOX 48271  
City-State-Zip: ST PETERSBURG FL 33743

Title DT  
Name KEELIN, MATTHEW  
Address PO BOX 48271  
City-State-Zip: ST PETERSBURG FL 33743

Title M  
Name TREMOR, MICHAEL F  
Address PO BOX 48271  
City-State-Zip: ST PETERSBURG FL 33743

*I hereby 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 all other like empowered.*

**SIGNATURE:** CARA S KEELIN

**EXECUTIVE DIRECTOR**

**05/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date