

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010973

**Entity Name:** NOMADSTUDIO, INC.

**Current Principal Place of Business:**

12211 WALSINGHAM RD  
LARGO, FL 33778

**FILED**  
**May 03, 2019**  
**Secretary of State**  
**6834227109CC**

**Current Mailing Address:**

P.O. BOX 782  
ST. PETERSBURG, FL 33731 US

**FEI Number:** 46-4322352

**Certificate of Status Desired:** No

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

BOUCHER, CAROLYN P  
12211 WALSINGHAM RD  
LARGO, FL 33778 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 PD  
Name CURRAN, LESLIE  
Address P.O. BOX 782  
City-State-Zip: ST. PETERSBURG FL 33731

Title TD  
Name RUTISHAUSER, DANIEL S  
Address P.O. BOX 782  
City-State-Zip: ST. PETERSBURG FL 33731

Title SECRETARY  
Name FOUST, CHRISTY  
Address P.O. BOX 782  
City-State-Zip: ST. PETERSBURG FL 33731

Title DIRECTOR AT LARGE  
Name KEOGH, TIMOTHY  
Address P.O. BOX 782  
City-State-Zip: ST. PETERSBURG FL 33731

Title EXECUTIVE DIRECTOR  
Name BOUCHER, CAROLYN P  
Address PO BOX 782  
City-State-Zip: ST PETERSBURG FL 33731

*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:** CAROLYN P BOUCHER

**EXECUTIVE DIRECTOR**

**05/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date