

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002786

Entity Name: TRADITIONS AT BRADENTON, INC.**Current Principal Place of Business:**2245 N BANK DR
COLUMBUS, OH 43220**Current Mailing Address:**2245 N BANK DR
COLUMBUS, OH 43220 US**FEI Number:** 85-1050893**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 N. CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 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	PRESIDENT, DIRECTOR
Name	METTLER, BRIANNA
Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220

Title	SECRETARY
Name	WOOLLEY, JULIE
Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220

Title	VICE-PRESIDENT, DIRECTOR
Name	RULE, MATTHEW
Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220

Title	DIRECTOR
Name	STITZER, PARKER
Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220

Title	VICE-PRESIDENT
Name	ALEXANDER, SEAN
Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220

Title	DIRECTOR
Name	JENKINS, ANNA
Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220

Title	DIRECTOR
Name	ANDERSON, DENISE
Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220

Title	TREASURER, DIRECTOR
Name	DEHRING, LINDSEY
Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220

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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: BRIANNA METTLER**PRESIDENT****04/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VICE-PRESIDENT	Title	DIRECTOR
Name	MEYUNG, KELLI	Name	BROWN, SONYA
Address	2245 N BANK DR	Address	2245 N BANK DR
City-State-Zip:	COLUMBUS OH 43220	City-State-Zip:	COLUMBUS OH 43220