

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

DOCUMENT# 717448

**Entity Name:** LOUISE GRAHAM REGENERATION CENTER, INC.**Current Principal Place of Business:**2301 3RD AVE SOUTH  
ST PETERSBURG, FL 33712-1646**Current Mailing Address:**C/O R'CLUB CHILD CARE, INC.  
4140 49TH STREET N.  
ST PETERSBURG, FL 33709 US**FEI Number:** 59-1305743**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**O'HARA, ARTHUR  
4140 49TH STREET N.  
ST. PETERSBURG, 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	O
Name	MARTINO, LEE
Address	1038 ROMANO COURT, NE
City-State-Zip:	ST. PETERSBURG FL 33702

Title	P
Name	RUPPEL, DENNIS
Address	PO 15757
City-State-Zip:	CLEARWATER FL 33766

Title	O
Name	MORIARTY, THOMAS S
Address	3637 4TH STREET N, #210
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	T
Name	TUSHAUS, BRADLEY C
Address	611 S MAGNOLIA AVENUE
City-State-Zip:	TAMPA FL 33606

Title	O
Name	JONES, THERESA
Address	P.O. BOX 3986
City-State-Zip:	ST. PETERSBURG FL 33731

Title	O
Name	DAVIS, MOZELL
Address	3521 FAIRFIELD AVE S
City-State-Zip:	ST PETERSBURG FL 33711

Title	O
Name	JOHNSON, CYNITHIA
Address	13805 58TH ST N SUITE 1200
City-State-Zip:	CLEARWATER FL 33760

Title	O
Name	KENNEDY, THOMAS
Address	908 WELLINGTON DR
City-State-Zip:	CLEARWATER FL 33764

**Continues on page 2**

*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:** DENNIS RUPPEL ESQ.**PRESIDENT****04/03/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title S  
Name LANDRESS, SUE  
Address 8178 124TH ST N  
City-State-Zip: SEMINOLE FL 33772

Title O  
Name PRINGLE, EDDIE  
Address 1618 60TH AVENUE SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

Title O  
Name SMITH, JEFF  
Address 100 2ND AVE S  
SUITE 400 NORTH  
City-State-Zip: ST PETERSBURG FL 33701

Title O  
Name WILLIAMS, YVONNE  
Address 3200 34TH ST S  
City-State-Zip: ST PETERSBURG FL 33711

Title O  
Name COHEN, MICHAEL M  
Address ONE PROGRESS PLAZA  
SUITE 165  
City-State-Zip: ST PETERSBURG FL 33701

Title O.  
Name CHITTICK, ANDREW PHD  
Address 4500 54TH AVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

Title O.  
Name LAJOIE, DIANE  
Address 7450 14TH SREET NE  
City-State-Zip: ST. PETERSBURG FL 33702

Title O  
Name GALLARDO, GYPSY C  
Address P.O. BOX 15006  
City-State-Zip: ST PETERSBURG FL 33712

Title VP  
Name ROBINSON-FLOWERS, RENE  
Address 301 4TH ST SW  
City-State-Zip: LARGO FL 33770

Title O  
Name SULLIVAN, IRENE  
Address 7361 WATERSILK DR  
City-State-Zip: PINELLAS PARK FL 33782

Title O  
Name HARLESS, BARCLAY  
Address 158 BEACH DRIVE NE  
City-State-Zip: ST. PETERSBURG FL 33701

Title O.  
Name PICKETT, BECKY  
Address 1001 EAST PALM AVENUE  
City-State-Zip: TAMPA FL 33605

Title O.  
Name JONES, JASON C  
Address 1715 N WESTSHORE BLVD.  
SUITE 700  
City-State-Zip: TAMPA FL 33607

Title O.  
Name MALLORY, TREVOR  
Address 4501 6TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705