## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 704469** 

FILED May 02, 2006 Secretary of State

Entity Name: BOLESTA CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

7205 N HABANA AVE TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

7205 N HABANA AVE TAMPA, FL 33614 US

FEI Number: 59-6153343 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

SCHIFINO, JOHN 128 BOSPHOROUS AVE TAMPA, FL 33606 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:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALVAREZ, SUZANNE
 Name:

 Address:
 2890 ALTON DRIVE
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33706
 City-St-Zip:

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: MARTINO, LEE Name: GONZALEZ, RAY

Address: 1087 MARCO DR NE Address: 2404 WEST BRISTOL AVENUE

City-St-Zip: ST PETERSBURG, FL 33702 City-St-Zip: TAMPA, FL 33609

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: MOORE, THOMAS Name: TARA, O'NEILL

Address: 10733 TAVISTOCK DR Address: 1013 B WEST HORATIO STREET

City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33606

Name: BOHACEK, ERIN Name: CHELLIE, LISENBY

 Address:
 1804 RICHARDSON PLACE
 Address:
 810 WEST CORAL STREET

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SUZANNE ALVAREZ PD 05/02/2006