

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90211 044 ****70.00

DOCUMENT # 704469

1. Entity Name
BOLESTA CENTER, INC.



Principal Place of Business
**7205 N HABANA AVE
TAMPA, FL 33614 US**

Mailing Address
**7205 N HABANA AVE
TAMPA, FL 33614 US**

40086601



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6153343

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIFINO, JOHN
128 BOSPHOROUS AVE
TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ALVAREZ, SUZANNE
STREET ADDRESS 2890 ALTON DRIVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME GONZALEZ, RAY
STREET ADDRESS 2404 WEST BRISTOL AVENUE
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT
STREET ADDRESS ERIN KENNEDY-BOHACEK
CITY-ST-ZIP 3215 W. SAN NICHOLAS ST
TAMPA FL 33629

TITLE SD ☐ Delete
NAME TARA, O'NEILL
STREET ADDRESS 1013 B WEST HORATIO STREET
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☒ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS LAURA HILL
CITY-ST-ZIP 508 MIRABAY BLVD
APOLLO BEACH FL 33572

TITLE TD ☒ Delete
NAME CHELLIE, LIENBY
STREET ADDRESS 810 WEST CORAL STREET
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☒ Addition
NAME DENNIS GOODE-TREASURER
STREET ADDRESS 32316 FISH HOOK LOOP
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME EXECUTIVE DIRECTOR
STREET ADDRESS KIMBERLEY HANNA
CITY-ST-ZIP 904 S. WESTSHORE BLVD
TAMPA FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

813-932-1184

Daytime Phone #