2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 704469

Entity Name: BOLESTA CENTER, INC.

Current Principal Place of Business:

7205 N HABANA AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

7205 N HABANA AVE
TAMPA, FL 33614 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SCHIFINO, JOHN
128 BOSPHOROUS AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PHILIPSON, KEITH	
Address:	640 SPRING LAKE CIRCLE	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	T	( ) Delete
Name:	BOHACEK-KENNEDY, ERIN	
Address:	3215 W SAN NICHOLAS ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	SD	( ) Delete
Name:	TARA, O'NEILL	
Address:	1013 B WEST HORATIO STREET	
City-St-Zip:	TAMPA, FL 33606	
Title:	VP	( ) Delete
Name:	HILL, LAURA	
Address:	508 MIRABAY BLVD	
City-St-Zip:	APOLLO BEACH, FL 33572	
Title:	ED	( ) Delete
Name:	HANNA, KIMBERLEY	
Address:	904 S WESTSHORE DR	
City-St-Zip:	TAMPA, FL 33629	
Title:	S	(X) Delete
Name:	MOSS, KENT	
Address:	11409 PALDAO RD	
City-St-Zip:	TAMPA, FL 33618	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	MOSS, KENT	
Address:	11409 PALDAO RD	
City-St-Zip:	TAMPA, FL 33618	
Title:	IMPP	(X) Change ( ) Addition
Name:	ALVAREZ, SUZANNE	
Address:	2890 ALTON DRIVE	
City-St-Zip:	ST PETERSBURG BEACH, FL 33706	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: KIM HANNA ED 03/18/2009

Electronic Signature of Signing Officer or Director Date