**FILED**
**Mar 25, 2004 8:00 am**
**Secretary of State**
02-17-2004 90029 013 ****61.25

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 717448

1. Entity Name

LOUISE GRAHAM REGENERATION CENTER, INC.

66407838

| Principal Place of Business | Mailing Address |
|---|---|
| 2301 3RD AVE SOUTH<br>ST PETERSBURG FL 33712-1646<br>US | 2301 3RD AVE SOUTH<br>ST PETERSBURG FL 33712-1646<br>US |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1305743 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| LEEDS III, FRANK<br>2301 3RD AVENUE SOUTH<br>ST PETERSBURG FL 33712 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 agents.

SIGNATURE _____ DATE

(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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 C<br>NAME FANSWORTH, VERN Chairman<br>STREET ADDRESS 696 1ST AVE S. #100<br>CITY-ST-ZIP SAINT PETERSBURG FL 33701<br>☐ Delete | TITLE P<br>NAME Frank Leeds III, Pres<br>STREET ADDRESS 2301 3rd Ave S<br>CITY-ST-ZIP St Petersburg FL 33712<br>☐ Change ☐ Addition |
| TITLE T<br>NAME DANIEL, LESI<br>STREET ADDRESS 283 13TH AVE S.<br>CITY-ST-ZIP SAINT PETERSBURG FL 33701<br>☒ Delete | TITLE D<br>NAME Thomas Kennedy<br>STREET ADDRESS 3830 N. Rocky Point Dr. W.<br>CITY-ST-ZIP Tampa, FL.<br>☐ Change ☒ Addition |
| TITLE S Sec<br>NAME BLACK, JENNIFER H.<br>STREET ADDRESS 4116 34TH ST S.<br>CITY-ST-ZIP SAINT PETERSBURG FL 33711<br>☐ Delete | TITLE D<br>NAME Thomas Arden<br>STREET ADDRESS 100 2nd. Ave. S, Ste. 300 N. Tower<br>CITY-ST-ZIP St. Pete - PO Box 3662 - 33731-3662<br>☐ Change ☒ Addition |
| TITLE D<br>NAME MILLER, KAREN<br>STREET ADDRESS PO BOX 13488<br>CITY-ST-ZIP SAINT PETERSBURG FL 33733<br>☒ Delete | TITLE D<br>NAME Jeane Stearns<br>STREET ADDRESS 805 Bay Esplanade Dr. West #3120<br>CITY-ST-ZIP St. Pete, 33702<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE D<br>NAME Michael Roll<br>STREET ADDRESS 300 First Ave. S. 5th Floor PO Box 33020<br>CITY-ST-ZIP St Pete, FL 33701-3020<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: Frank Leeds III 1-22-04 727 327-9449

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #