

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90366 003 ****70.00

DOCUMENT # 717448

1. Entity Name
LOUISE GRAHAM REGENERATION CENTER, INC.



Principal Place of Business
2301 3RD AVE SOUTH
ST PETERSBURG, FL 33712-1646 US

Mailing Address
2301 3RD AVE SOUTH
ST PETERSBURG, FL 33712-1646 US

40034074



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1305743

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

O'HARA, ARTHUR
9550 16TH STREET N
SAINT PETERSBURG, FL 33716

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 P ☒ Delete
NAME STROSS, JOHN
STREET ADDRESS 3010 82ND WAY N
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE Chairman ☒ Change ☐ Addition
NAME Kennedy, Thomas
STREET ADDRESS 3030 N. Rocky Point Dr W
CITY-ST-ZIP Tampa, Florida 33626

TITLE S/T ☐ Delete
NAME WALTERS, DOUG
STREET ADDRESS 701 6TH STREET
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE Vice-Chairman ☐ Change ☒ Addition
NAME handress, Sue
STREET ADDRESS 15316 Gulf Blvd #103
CITY-ST-ZIP Madeira Beach, Florida 33708

TITLE D ☐ Delete
NAME KENNEDY, THOMAS
STREET ADDRESS 3030 N ROCKY POINT DR W
CITY-ST-ZIP TAMPA, FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: Arthur O'Hara Arthur O'Hara

2/26/07

727-327-9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #