


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998.		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 718784 (2)
1. Corporation Name
BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE, INC.

Principal Place of Business 1236 9TH STREET NORTH ST. PETERSBURG FL 33705	Mailing Address 1236 9TH STREET NORTH ST. PETERSBURG FL 33705
---	---



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/01/1970
4. FEI Number 59-1290089
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MACMATH, GARY
1236 9TH STREET NORTH
ST-PETERSBURG FL 33705**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	MILLER, DAVID
P.O. BOX 14042 N/A	
ST. PETERSBURG FL 33733	<input type="checkbox"/> DELETE
ED	HAYS, PAULA
1236-9TH STREET NORTH	
ST. PETERSBURG FL	<input type="checkbox"/> DELETE
VD	CURRAN, LESLIE
175 5TH STREET N.	
ST. PETERSBURG FL 33701	<input type="checkbox"/> DELETE
VD	KOENIG, MARY R
6505 2ND AVE N	
ST. PETERSBURG FL	<input type="checkbox"/> DELETE
VD	CURRAN, LESLIE
175 5TH ST N	
ST PETERSBURG FL	<input checked="" type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME
D	Miller, David
1.3 STREET ADDRESS	P.O. Box 14042
1.4 CITY-ST-ZIP	St. Petersburg, FL 33733
2.1 TITLE	2.2 NAME
D	Hays, Paula
2.3 STREET ADDRESS	1236 9th Street North
2.4 CITY-ST-ZIP	St. Petersburg, FL 33705
3.1 TITLE	3.2 NAME
D	Curran-Feinberg, Leslie
3.3 STREET ADDRESS	546 Lake Maggiore Blvd. South
3.4 CITY-ST-ZIP	St. Petersburg, FL 33705
4.1 TITLE	4.2 NAME
D	Koenig, Mary R.
4.3 STREET ADDRESS	6505 2nd Avenue North
4.4 CITY-ST-ZIP	St. Petersburg, FL 33710
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/11/98

CR2E037 (10/97)