

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90084 001 \*\*\*\*70.00

**DOCUMENT # 718784**

1. Entity Name

**BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE, INC.**



Principal Place of Business

**445 31ST STREET N  
SAINT PETERSBURG FL 33713**

Mailing Address

**445 31ST STREET N  
SAINT PETERSBURG FL 33713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-1290089**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAC MATH, GARY  
445 31ST STREET  
SAINT PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE **VP** ☐ Delete  
NAME **WILLIAMS, MIRIAM**  
STREET ADDRESS **445 31ST ST N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **P** ☐ Delete  
NAME **MACMATH, GARY**  
STREET ADDRESS **445 31ST STREET N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **D** ☐ Delete  
NAME **LOTT, MARTIN**  
STREET ADDRESS **299 9TH ST N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **D** ☒ Delete  
NAME **KOENIG, MARY R**  
STREET ADDRESS **6505 2ND AVE N**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **C** ☐ Delete  
NAME **BUSSEY, RUTLAND**  
STREET ADDRESS **400 CARILLION PKWY**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **C** ☐ Delete  
NAME **C**  
STREET ADDRESS **C**  
CITY-ST-ZIP **C**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WILLIAMS, MIRIAM** ☒ Change ☐ Addition  
NAME **WILLIAMS, MIRIAM**  
STREET ADDRESS **WILLIAMS, MIRIAM**  
CITY-ST-ZIP **WILLIAMS, MIRIAM**

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

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

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

TITLE **D** ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **D**  
CITY-ST-ZIP **D**

TITLE **C** ☐ Change ☒ Addition  
NAME **PAUL MISIEWICZ**  
STREET ADDRESS **1601 CENTRAL AVE**  
CITY-ST-ZIP **ST PETERSBURG, FL 33713**

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 an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #