2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 718784

1. Entity Name
BOLEY CENTERS, INC.

Principal Place of Business	Mailing Address
445 31ST STREET N SAINT PETERSBURG, FL 33713	445 31ST STREET N SAINT PETERSBURG, FL 33713

01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000800581
01/31/08-80035-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WILLIAMS, MIRIAM
STREET ADDRESS	445 31ST ST N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	P
NAME	MACMATH, GARY
STREET ADDRESS	445 31ST STREET N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	D
NAME	LOTT, MARTIN
STREET ADDRESS	299 9TH ST N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	MISIEWICZ, PAUL
STREET ADDRESS	1601 CENTRAL AVE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	D
NAME	BUSSEY, RUTLAND
STREET ADDRESS	400 CARILLION PKWY
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	C
NAME	MCCORMICK, CINDY
STREET ADDRESS	445 31ST STREET N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713

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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: _____ PAUL MISIEWICZ 1/17/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #