

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718784

FILED
Feb 04, 2011
Secretary of State

Entity Name: BOLEY CENTERS, INC.

Current Principal Place of Business:

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-1290089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACMATH, GARY
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MACMATH, GARY
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: COO
Name: WILLIAMS, MIRIAM
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: C
Name: BUSSEY, RUTLAND
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: D
Name: MISIEWICZ, PAUL
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713 US

Title: VC
Name: ROSS, LORETTA
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D
Name: LOTT, MARTIN
Address: 445 31ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY MACMATH

CEO

02/04/2011

Electronic Signature of Signing Officer or Director

Date