

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759651 (3)

1. Corporation Name

BOLEY FOUNDATION, INC.



Principal Place of Business

Mailing Address

**C/O MARY R KOENIG
1236-9TH STREET NORTH
ST PETERSBURG FL 33705**

**C/O MARY R KOENIG
1236-9TH STREET NORTH
ST PETERSBURG FL 33705**

3. Date Incorporated or Qualified
08/18/1981

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number
59-2230228

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOENIG, MARY R
6505 SECOND AVE N
ST PETERSBURG FL FL 33710**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD MCINTYRE, JR W SCOTT**
STREET ADDRESS **6907-B 16TH ST NE**
CITY-ST-ZIP **ST PETE FL**

TITLE ☐ DELETE
NAME **PD KOENIG, MARY R**
STREET ADDRESS **6505 2ND AVE N**
CITY-ST-ZIP **ST PETERSBURG, FL 0**

TITLE ☐ DELETE
NAME **SD MITTERMAYR, MARKUS**
STREET ADDRESS **4400 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **TD LOTT, MARTIN T.**
STREET ADDRESS **299 9TH STREET, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **D BOWMAN, WARREN**
STREET ADDRESS **280 8TH ST. EAST**
CITY-ST-ZIP **ST PETE FL 33716**

TITLE ☐ DELETE
NAME **D CLENDENING, CONNIE**
STREET ADDRESS **6319 25TH ST S 117**
CITY-ST-ZIP **ST PETE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary R Koenig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/17
Date

Daytime Phone #

CR2E037 (12/95)