


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 759651		
1. Entity Name BOLEY FOUNDATION, INC.		

Principal Place of Business C/O MARY R KOENIG 445-31ST STREET SAINT PETERSBURG, FL 33713	Mailing Address C/O MARY R KOENIG 445-31ST STREET SAINT PETERSBURG, FL 33713
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**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-NP CR2E037 (10/03)

4. FE# Number 59-2230228	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000139026  
04/29/04-80105-008 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
MCINTYRE, JR W SCOTT  
6907-B 16TH ST NE  
ST PETE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
KOENIG, MARY R  
6505 2ND AVE N  
ST PETERSBURG, FL 0.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
LOTT, MARTIN T.  
299 9TH STREET, NORTH  
ST. PETERSBURG, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
CLENEDENING, CONNIE  
6319 25TH ST S 117  
ST PETE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Mary R. Koenig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

727-821-4819

Daytime Phone #