2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759651

1. Entity Name
BOLEY FOUNDATION, INC.

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

02152007   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-2230228 / Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACMATH, GARY 445 31ST STREET NORTH SAINT PETERSBURG, FL 33713	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

Filing Fee is $61.25 Due by May 1, 2007	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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	P	☒ Change	☐ Addition
NAME	LOTT, MARTIN T.		NAME			
STREET ADDRESS	299 9TH STREET, NORTH		STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE	T	☒ Change	☐ Addition
NAME	CLENDENING, CONNIE		NAME			
STREET ADDRESS	6319 25TH ST S 117		STREET ADDRESS			
CITY-ST-ZIP	ST PETE, FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	VP	☐ Change	☒ Addition
NAME			NAME	Celia Hall		
STREET ADDRESS			STREET ADDRESS	445 31st Street North		
CITY-ST-ZIP			CITY-ST-ZIP	St. Petersburg, FL 33705		
TITLE		☐ Delete	TITLE	S	☐ Change	☒ Addition
NAME			NAME	Sally Poynter		
STREET ADDRESS			STREET ADDRESS	445 31st Street North		
CITY-ST-ZIP			CITY-ST-ZIP	St Petersburg, FL 33705		
TITLE		☐ Delete	TITLE	D	☐ Change	☒ Addition
NAME			NAME	Paul Misiewicz		
STREET ADDRESS			STREET ADDRESS	445 31st Street North		
CITY-ST-ZIP			CITY-ST-ZIP	St Petersburg, FL 33705		
TITLE		☐ Delete	TITLE	D	☐ Change	☒ Addition
NAME			NAME	Richard Russo		
STREET ADDRESS			STREET ADDRESS	445 31st Street North		
CITY-ST-ZIP			CITY-ST-ZIP	St. Petersburg, FL 33705		

2. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #