

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90085 050 ****70.00

DOCUMENT # N01000005239

1. Entity Name

BOLEY PROPERTIES, INC.



Principal Place of Business

**445 31ST STREET N.
ST. PETERSBURG FL-33713**

Mailing Address

**445 31ST STREET N.
ST. PETERSBURG FL 33713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3731437

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACMATH, GARY
BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE
445 31ST. STREET N.
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE: **P** ☐ Delete
NAME: **HALL, CELIA**
STREET ADDRESS: **150-2ND AVE. N., #720**
CITY-ST-ZIP: **ST. PETERSBURG FL 33701**

TITLE: **VP** ☐ Delete
NAME: **MITTERMAYR, MARKUS**
STREET ADDRESS: **4400 CENTRAL AVE.**
CITY-ST-ZIP: **ST. PETERSBURG FL 33711**

TITLE: **S** ☐ Delete
NAME: **WILLIAMS, LEROY**
STREET ADDRESS: **4895-34TH ST. N**
CITY-ST-ZIP: **ST. PETERSBURG FL 33714**

TITLE: **D** ☐ Delete
NAME: **BOWMAN, WARREN**
STREET ADDRESS: **5855 CENTRAL AVE.**
CITY-ST-ZIP: **ST. PETERSBURG FL 33707**

TITLE: **D** ☐ Delete
NAME: **RODRIGUEZ, ANTHONY**
STREET ADDRESS: **4037-76TH AVE. N.**
CITY-ST-ZIP: **PINELLAS PARK FL 33781**

TITLE: **D** ☐ Delete
NAME: **RILEY, SHANNON**
STREET ADDRESS: **7101-53RD ST. N.**
CITY-ST-ZIP: **PINELLAS PARK FL 33781**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VP** ☒ Change ☐ Addition
NAME: **HALL, CELIA**
STREET ADDRESS: **150-2ND AVE. N., #720**
CITY-ST-ZIP: **ST. PETERSBURG FL 33701**

TITLE: **D** ☒ Change ☐ Addition
NAME: **MITTERMAYR, MARKUS**
STREET ADDRESS: **4400 CENTRAL AVE.**
CITY-ST-ZIP: **ST. PETERSBURG FL 33711**

TITLE: **S** ☒ Change ☐ Addition
NAME: **WILLIAMS, LEROY**
STREET ADDRESS: **4895-34TH ST. N**
CITY-ST-ZIP: **ST. PETERSBURG FL 33714**

TITLE: ☐ Change ☐ Addition
NAME: **BOWMAN, WARREN**
STREET ADDRESS: **5855 CENTRAL AVE.**
CITY-ST-ZIP: **ST. PETERSBURG FL 33707**

TITLE: ☐ Change ☐ Addition
NAME: **RODRIGUEZ, ANTHONY**
STREET ADDRESS: **4037-76TH AVE. N.**
CITY-ST-ZIP: **PINELLAS PARK FL 33781**

TITLE: ☐ Change ☐ Addition
NAME: **RILEY, SHANNON**
STREET ADDRESS: **7101-53RD ST. N.**
CITY-ST-ZIP: **PINELLAS PARK FL 33781**

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