

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90021 029 ****70.00

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01202006 Chg-NP CR2E037 (11/05)

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

Filing Fee is \$61.25
Due by May 1, 2006

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	V P	<input type="checkbox"/> Delete
NAME	HALL, CELIA	
STREET ADDRESS	150-2ND AVE. N., #720	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITTERMAYR, MARKUS	
STREET ADDRESS	4400 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LEROY	
STREET ADDRESS	4895-34TH ST. N	
CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWMAN, WARREN	
STREET ADDRESS	5855 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANTHONY	
STREET ADDRESS	4037-76TH AVE. N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 #

[Handwritten Signature]

2/21/06