

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90032 040 \*\*\*\*70.00

40010200



01172007 Chg-NP CR2E037 (12/06)

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 \_\_\_\_\_ (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	V P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, CELIA		NAME		
STREET ADDRESS	150-2ND AVE. N., #720		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITTERMAYR, MARKUS		NAME		
STREET ADDRESS	4400 CENTRAL AVE.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33711		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWMAN, WARREN		NAME		
STREET ADDRESS	5855 CENTRAL AVE.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANTHONY		NAME		
STREET ADDRESS	4037-76TH AVE. N.		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, SHANNON		NAME		
STREET ADDRESS	7101-53RD ST. N.		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Markus Mittermayr 2/2/07 821-4819  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #