

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

2007 AUG 31 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08292007 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000003703					
1. Entity Name FOLLOW THROUGH FOUNDATION, INC.					
Principal Place of Business 2865 EXECUTIVE DRIVE CLEARWATER, FL 33762			Mailing Address P.O. BOX 67153 SAINT PETERSBURG, FL 33736		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <u>2865 Executive Drive</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <u>CLEARWATER</u>		4. FEI Number 33-1041541	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<u>FL</u>	<u>USA</u>	<u>FL</u>	<u>USA</u>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEGLEY, THOMAS 3637 4TH STREET NORTH SUITE 300 SAINT PETERSBURG, FL 33704			Name <u>Bruce Mitchell</u> Street Address (P.O. Box Number is Not Acceptable) <u>1710 Cypress Avenue</u> City <u>Belleair</u> FL <u>33756</u>		
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 <u>B. Mitchell</u>			DATE <u>8-29-07</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CMP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGLEY, THOMAS		NAME	Begley, Thomas	
STREET ADDRESS	3637 4TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSER, BUD		NAME		
STREET ADDRESS	3637 4TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, BILL		NAME		
STREET ADDRESS	3637 4TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JIM		NAME		
STREET ADDRESS	3637 4TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, KEVIN		NAME	SULLIVAN, KEVIN	
STREET ADDRESS	3637 4TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bruce Mitchell	
STREET ADDRESS			STREET ADDRESS	1710 Cypress Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Belleair, FL 33756	
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: <u>B. Mitchell</u>			Date <u>8-29-07</u> Daytime Phone # <u>225734000</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

**2007 NOT FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # **N02000003703**

1. Entity Name
FOLLOW THROUGH FOUNDATION, INC.



Principal Place of Business
2865 EXECUTIVE DRIVE
CLEARWATER, FL 33762

Mailing Address
P.O. BOX 67153
SAINT PETERSBURG, FL 33736

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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CR2E037 (12/06)

4. FEI Number
33-1041541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEGLEY, THOMAS
3637 4TH STREET NORTH
SUITE 300
SAINT PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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DATE

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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 NAME STREET ADDRESS CITY - ST - ZIP	CMP BEGLEY, THOMAS 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RISSER, BUD 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELLER, BILL 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, JIM 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SULLIVAN, KEVIN 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	KERRY KATCHUK 3690 ENTERPRISE ROAD SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVID PELLEGRINO 7633-70th WAY N SEMINOLE, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAWN CARABANO 16108 SAGE BRUSH ROAD TAMPA, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARK PERREAU 137 NINA DRIVE TIERRA VERDE, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JERRY MCKIM 4212 CHESTER FIELD CIRCLE PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDY ADAMS 4567 131st AVENUE NORTH CLEARWATER, FL 33762	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Attachment

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMP BEGLEY, THOMAS 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATT COthren 2291 Hwy 92E PIANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISSER, BUD 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph ALARIE 260 EAST PIANT STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, BILL 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JIM 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, KEVIN 3637 4TH STREET NORTH SAINT PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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