

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003703

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** FOLLOW THROUGH FOUNDATION, INC.

**Current Principal Place of Business:**

2865 EXECUTVIE DRIVE  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

2865 EXECUTVIE DRIVE  
CLEARWATER, FL 33762

**New Mailing Address:**

**FEI Number:** 33-1041541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, BRUCE  
1710 CYPRESS AVENUE  
BELLEAIR, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEGLEY, THOMAS  
Address: 3637 4TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: V ( ) Delete  
Name: KATCHUK, KERRY  
Address: 3690 ENTERPRISE ROAD  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: HELLER, BILL  
Address: 3637 4TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: T ( ) Delete  
Name: PELLEGRINO, DAVID  
Address: 7633 90TH WAY NORTH  
City-St-Zip: SEMINOLE, FL 33777

Title: D ( ) Delete  
Name: SULLIVAN, KEVIN  
Address: 3637 4TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: P ( ) Delete  
Name: MITCHELL, BRUCE  
Address: 1710 CYPRESS AVENUE  
City-St-Zip: BELLEAIR, FL 33756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PELLEGRINO

T

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date