

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16614

(2)

1. Corporation Name

THE CENTER FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1501 N. BELCHER ROAD, STE. 224
CLEARWATER FL 34625-8302

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CLEARWATER FL 34625-8302

3. Date Incorporated or Qualified

09/03/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2702966

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON, KATHLEEN
1501 N. BELCHER ROAD, SUITE 224
CLEARWATER FL 34625-8302

81. Name

Barbara M. Pennington

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

1501 N. Belcher Road, Suite 224

83.

84. City

Clearwater

FL

85. Zip Code

34625-8302

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Barbara M. Pennington, Executive Director

Barbara M. Pennington

3/3/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

NAME

GRASKA, DOUGA

STREET ADDRESS

600 CLEVELAND ST 1100

CITY - ST - ZIP

CLEARWATER FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

SCHWARTZ, HERBERT C.

STREET ADDRESS

2922 ST ANDREWS BLVD.

CITY - ST - ZIP

TARPOON SPRGS. FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

SD

Michael C. Cheek

814 Chestnut Street

Clearwater, FL 34616

TITLE

VD

NAME

CHERVEN, KEN P

STREET ADDRESS

150 2ND AVE NO

CITY - ST - ZIP

ST PETERSBURG FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TD

NAME

DUNHAM, PAUL

STREET ADDRESS

200 CENTRAL AVE

CITY - ST - ZIP

ST PETERSBURG FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara M. Pennington, Executive Director

3/3/95

799-2149

Barbara M. Pennington

Date

(Signature) (Print Name)