FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N16614** **(2)**

1. Corporation Name
THE CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
1501 N. BELCHER ROAD. STE. 224 CLEARWATER FL 34625-8302	1501 N. BELCHER ROAD. STE. 224 CLEARWATER FL 34625-8302

3. Date Incorporated or Qualified: **09/03/1986**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2702966** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PENNINGTON, BARBARA M
1501 N. BELCHER ROAD, SUITE 224
CLEARWATER FL 34625-8302

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRASKA, DOUGA		1.2 NAME	200001860832
STREET ADDRESS	600 CLEVELAND ST 1100		1.3 STREET ADDRESS	-06/13/96--01014--004
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	***61.25
TITLE	SD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHEEK, MICHAEL C		2.2 NAME	
STREET ADDRESS	814 CHESTNUT STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	CD ☒ Change ☐ Addition
NAME	CHERVEN, KEN P		3.2 NAME	~~Pinellas Community Bank~~ - KEN CHERVEN
STREET ADDRESS	150 2ND AVE NO		3.3 STREET ADDRESS	350 E. Bay Dr.
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	Largo, FL 34640
TITLE	TD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	DUNHAM, PAUL		4.2 NAME	
STREET ADDRESS	200 CENTRAL AVE		4.3 STREET ADDRESS	13577 Feathersound Dr., Suite 400
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	Clearwater, FL 34622-5539
TITLE		☐ DELETE	5.1 TITLE	SD ☐ Change ☒ Addition
NAME			5.2 NAME	Elizabeth Davis
STREET ADDRESS			5.3 STREET ADDRESS	27001 US. HWY 19 N.
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CLEARWATER, FL 34621
TITLE		☐ DELETE	6.1 TITLE	VD ☐ Change ☒ Addition
NAME			6.2 NAME	Stephen Heller
STREET ADDRESS			6.3 STREET ADDRESS	855 E. Pine St.
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tarpon Springs, FL 34689

6-12-96 JR

CR2E037 (12/95)

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 4/30/96 (813) 799-2149
Barbara M. Pennington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #