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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16614

1. Corporation Name

THE LONG CENTER FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/03/1986

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

9. Name and Address of Current Registered Agent

RESLER, ROBB
1501 N. BELCHER RD.
STE. 224
CLEARWATER FL 34625

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

33765

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE
NAME BOUCHARD, RICHARD E.
STREET ADDRESS 101 STARCREST DR.
CITY-ST-ZIP CLEARWATER FL

TITLE TD ☒ DELETE
NAME DUNHAM, PAUL
STREET ADDRESS 12577 FEATHERSOUND DR. STE 400
CITY-ST-ZIP CLEARWATER FL 34622-5539

TITLE CT ☒ DELETE
NAME HELLER, STEPEHN H.
STREET ADDRESS 855 E PINE ST
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ST ☐ DELETE
NAME RICHARDSON, DANIEL C.
STREET ADDRESS 2492 BAYSHORE BLVD.
CITY-ST-ZIP DUNEDIN FL

TITLE DD ☐ DELETE
NAME RESLER, ROBIN
STREET ADDRESS 1501 N. BLECHER RD., STE. 224
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CT ☒ Change ☐ Addition
1.2 NAME Bouchard, Richard E.
1.3 STREET ADDRESS 101 Starcrest Dr.
1.4 CITY-ST-ZIP Clearwater, FL

2.1 TITLE VT ☐ Change ☒ Addition
2.2 NAME Tracy, Jan H.
2.3 STREET ADDRESS 1006 Wyndham Way
2.4 CITY-ST-ZIP Safety Harbor, FL 34695

3.1 TITLE TT ☐ Change ☒ Addition
3.2 NAME Gardner, J. Kevin
3.3 STREET ADDRESS 1251 Pinehurst Rd. Ste 111
3.4 CITY-ST-ZIP Dunedin, FL 34698

4.1 TITLE ST ☒ Change ☐ Addition
4.2 NAME Richardson, Daniel C.
4.3 STREET ADDRESS 2494 Bayshore Blvd.
4.4 CITY-ST-ZIP Dunedin, FL 34698

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)