


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N16614 1. Entity Name THE LONG CENTER FOUNDATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE

01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2702966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEAVER, CHARLES 1501 N. BELCHER STE. 224 CLEARWATER, FL 33765

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

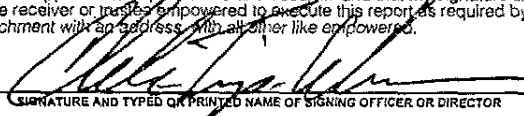
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD WEAVER, CHARLES 12507 BRONCO DRIVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D APPELT, JIM 29605 US 19 N, STE. 140 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KILIAN, KYLE 1501 N BALCHER STE 224 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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02/06/07-80074-022 61.25

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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 reports 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____