

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717448

Entity Name: LOUISE GRAHAM REGENERATION CENTER, INC.**Current Principal Place of Business:**2301 3RD AVE SOUTH
ST PETERSBURG, FL 33712-1646**Current Mailing Address:**C/O R'CLUB CHILD CARE, INC.
4140 49TH STREET N.
ST PETERSBURG, FL 33709 US**FEI Number:** 59-1305743**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BALLINGER, DEBRA
4140 49TH STREET N.
ST. PETERSBURG, FL 33709 US*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:** DEBRA BALLINGER

03/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title O
Name MARTINO, LEE
Address 1038 ROMANO COURT, NE
City-State-Zip: ST. PETERSBURG FL 33702

Title P
Name RUPPEL, DENNIS
Address PO 15757
City-State-Zip: CLEARWATER FL 33766

Title O
Name MORIARTY, THOMAS S
Address 3637 4TH STREET N, #210
City-State-Zip: SAINT PETERSBURG FL 33704

Title CFO
Name YEAZELL, TIMOTHY M SR.
Address 4140 49TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33709

Title O
Name JONES, THERESA
Address P.O. BOX 3986
City-State-Zip: ST. PETERSBURG FL 33731

Title O
Name DAVIS, MOZELL
Address 3521 FAIRFIELD AVE S
City-State-Zip: ST PETERSBURG FL 33711

Title O
Name JOHNSON, CYNITHIA
Address 13805 58TH ST N
SUITE 1200
City-State-Zip: CLEARWATER FL 33760

Title O
Name KENNEDY, THOMAS
Address 908 WELLINGTON DR
City-State-Zip: CLEARWATER FL 33764

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I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY M YEAZELL SR.

CFO

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title S
Name LANDRESS, SUE
Address 8178 124TH ST N
City-State-Zip: SEMINOLE FL 33772

Title VP
Name ROBINSON-FLOWERS, RENE
Address 301 4TH ST SW
City-State-Zip: LARGO FL 33770

Title O
Name SULLIVAN, IRENE
Address 7361 WATERSILK DR
City-State-Zip: PINELLAS PARK FL 33782

Title TREASURER
Name HARLESS, BARCLAY
Address 158 BEACH DRIVE NE
City-State-Zip: ST. PETERSBURG FL 33701

Title O.
Name PICKETT, BECKY
Address 1001 EAST PALM AVENUE
City-State-Zip: TAMPA FL 33605

Title O.
Name JONES, JASON C
Address 1715 N WESTSHORE BLVD.
SUITE 700
City-State-Zip: TAMPA FL 33607

Title O.
Name MALLORY, TREVOR
Address 4501 6TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33705

Title O
Name PRINGLE, EDDIE
Address 1618 60TH AVENUE SOUTH
City-State-Zip: ST PETERSBURG FL 33712

Title O
Name SMITH, JEFF
Address 150 2ND AVE N
SUITE 1400
City-State-Zip: ST PETERSBURG FL 33701

Title O
Name WILLIAMS, YVONNE
Address 6021 142ND AVENUE N
City-State-Zip: CLEARWATER FL 33760

Title O
Name COHEN, MICHAEL M
Address ONE PROGRESS PLAZA
SUITE 165
City-State-Zip: ST PETERSBURG FL 33701

Title O.
Name CHITTICK, ANDREW PHD
Address 4500 54TH AVE SOUTH
City-State-Zip: ST PETERSBURG FL 33712

Title O.
Name LAJOIE, DIANE
Address 7450 14TH SREET NE
City-State-Zip: ST. PETERSBURG FL 33702

Title O.
Name SAWYER, DA'JUH
Address P.O. BOX 530133
City-State-Zip: ST PETERSBURG FL 33747