

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 718784

Entity Name: BOLEY CENTERS, INC.

Current Principal Place of Business:

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

Current Mailing Address:

445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713

FEI Number: 59-1290089

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARRONE, KEVIN
445 31ST STREET NORTH
SAINT PETERSBURG, FL 33713 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: KEVIN MARRONE

11/17/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/CEO
Name MARRONE, KEVIN
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title COO/CORPORATE SECRETARY
Name HUMBURG, JACK
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name INCORVIA, SANDRA
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name MISIEWICZ, PAUL
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name LOTT, MARTIN
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name HEBERT, JOHN T
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name BUSSEY, RUTLAND
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name STRINGER, JOSEPH
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

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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: KEVIN MARRONE

PRESIDENT/CEO

11/17/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name SMITH, JOSEPH L
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name DR. WALLACE, ROBERT
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name PROCTOR, SUSAN
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title CFO
Name JOSEPH, MICHELLE
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title FIRST VICE CHAIR
Name COLEY, LEONARD
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title SECOND VICE CHAIR
Name HUGHES, MARKUS MAJOR
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713

Title DIRECTOR
Name SEWELL, JAMES DR.
Address 445 31ST STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33713