

**2016 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:** No

**Name and Address of Current Registered Agent:**

MACMATH, GARY  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            COO  
Name            NORDLINGER, MIRIAM  
Address        445 31ST STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33713

Title            CHAIRMAN  
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            FIRST VICE CHAIRMAN  
Name            ROSS, LORETTA  
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            SECOND VICE CHAIRMAN  
Name            POYNTER, SALLY  
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

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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:** GARY MACMATH

**PRESIDENT/CEO**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WRIGHT-MINTER, SHANETTA  
Address 445 31ST STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33713

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

Title DIRECTOR  
Name HUGHES, MARKUS LIEUTENANT  
Address 445 31ST STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33713

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

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

Title DIRECTOR  
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 MCQUEEN, MAGGI  
Address 445 31ST STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33713