

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006666

Entity Name: BOLEY-PAR, INC.**Current Principal Place of Business:**6655 66TH STREET NORTH
PINELLAS PARK, FL 33781**Current Mailing Address:**6655 66TH STREET NORTH
PINELLAS PARK, FL 33781 US**FEI Number:** 46-3480340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOLZ, AMY
6655 66TH STREET NORTH
PINELLAS PARK, FL 33781 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:** AMY SCHOLZ

02/16/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MARRONE, KEVIN
Address 445 31ST STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title TREASURER
Name SCHOLZ, AMY
Address 6655 66TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR, CHAIRMAN
Name WAECHTER, JOHN
Address 6655 66TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name SMITH, JOE
Address 445 31ST STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33713

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

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

Title DIRECTOR
Name PILKINGTON, DAVID
Address 6655 66TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name SAUNDERS, JOSEPH
Address 6655 66TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33781

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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: AMY SCHOLZ

CFO

02/16/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EVANS, JERRILYNN
Address 11254 58TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR, VP
Name BOOKER, MAXINE
Address 11254 58TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR
Name WELCH, DONNA
Address 11254 58TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR
Name STONE, LYNN
Address 11254 58TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR, SECRETARY
Name CLARKE, DIANNE
Address 6655 66TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33781

Title PRESIDENT
Name MILLER, JIM
Address 6655 66TH STREET NORTH
City-State-Zip: PINELLAS PARK FL 33781