

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16614

**Entity Name:** THE LONG CENTER FOUNDATION, INC.**Current Principal Place of Business:**1501 N. BELCHER ROAD, STE. 224  
CLEARWATER, FL 33765**Current Mailing Address:**1501 N. BELCHER ROAD, STE. 224  
CLEARWATER, FL 33765**FEI Number:** 59-2702966**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEAVER, CHARLES  
1501 N. BELCHER  
STE. 224  
CLEARWATER, FL 33765 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	CD
Name	WEAVER, CHARLES
Address	12507 BRONCO DRIVE
City-State-Zip:	TAMPA FL 33626

Title	D
Name	DUNBAR, KEVIN
Address	100 S. MRYTLE
City-State-Zip:	CLEARWATER FL 33758

Title	D
Name	FISHER, FREDERICK
Address	1166 LINDENWOOD DR.
City-State-Zip:	TARPON SPRINGS FL 34688

Title	DIRECTOR
Name	LONG, SHIRLEY
Address	150 BELLEVIEW BLVD
City-State-Zip:	BELLAIR FL 33756

Title	S
Name	KILIAN, KYLE
Address	1501 N BELCHER STE 224
City-State-Zip:	CLEARWATER FL 33765

Title	D
Name	GATTI, HANK
Address	140 SOUTH PINE AVENUE
City-State-Zip:	OLDMAR FL 34677

Title	DIRECTOR
Name	WEBB, HANK
Address	1501 N BELCHER ROAD, SUITE 226
City-State-Zip:	CLEARWATER FL 33765

Title	DIRECTOR
Name	DUNHAM, PAUL
Address	13577 FEATHER SOUND STE 400
City-State-Zip:	CLEARWATER FL 33762

**Continues on page 2**

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:** KYLE KILIAN**SECRETARY****02/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 HAUENSTEIN, MADISON  
Address             1501 N BELCHER RD  
                          249  
City-State-Zip:   CLEARWATER FL 33765

Title                   DIRECTOR  
Name                 SMITH, KASEY  
Address             1501 N BELCHER RD  
City-State-Zip:   CLEARWATER FL 33765