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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705099 (0)

1. Corporation Name

SALAMA GROTTO CEREBRAL PALSY ENDOWMENT

Principal Place of Business	Mailing Address
1117 ARLINGTON AVENUE. NORTH ST. PETERSBURG FL 33705-1521	1117 ARLINGTON AVENUE. NORTH ST. PETERSBURG FL 33705-1521

3. Date Incorporated or Qualified: 09/03/1976	3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-6139437	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

NICHOLSON, GEORGE A
7100 ULMERTON EAST
LOT 2067
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of Registered Agent and Title, if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		
TITLE	D	☒ DELETE
NAME	SHINGLER, EDWIN T	
STREET ADDRESS	543 38TH AVE. N.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	☐ DELETE
NAME	BECHTEL, LOUIS W.	
STREET ADDRESS	9790 66TH ST N., #381	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TD	☐ DELETE
NAME	GRIFFITH, HENRY L.	
STREET ADDRESS	5556 81 TER NO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	SD	☐ DELETE
NAME	NICHOLSON, GEORGE	
STREET ADDRESS	7211 ULMERTON RD E #2067	
CITY-ST-ZIP	LARGO FL	
TITLE	D	☐ DELETE
NAME	FULLER, FLOYD	
STREET ADDRESS	6569 WAYNE STREEET N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VPD	☒ DELETE
NAME	MCINTOSH, LESTER E.	
STREET ADDRESS	6263 N 42 AVE	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19		
1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	LOVELACE, JOHN W. JR.	
1.3 STREET ADDRESS	1533 93 AVE, N.	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	☒ Change ☐ Addition
6.2 NAME	SCHREIHOFER, FRANKLYN L.	
6.3 STREET ADDRESS	652 5TH ST. S.	
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry L. Griffith HENRY L. GRIFFITH 4-13-96 813-544-6436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00147.18