

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705099** (0)
1. Corporation Name
SALAMA GROTTO CEREBRAL PALSY ENDOWMENT



Principal Place of Business 1117 ARLINGTON AVENUE, NORTH ST. PETERSBURG FL 33705-1521	Mailing Address 1117 ARLINGTON AVENUE, NORTH ST. PETERSBURG FL 33705-1521
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/03/1976	3a. Date of Last Report 04/19/1996
				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	

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	
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOVELACE, JOHN W. JR.	1.2 NAME	
STREET ADDRESS	1533 83RD AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BECHTEL, LOUIS W.	2.2 NAME	
STREET ADDRESS	9790 66TH ST N., #381	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, HENRY L.	3.2 NAME	
STREET ADDRESS	5556 81 TER NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, GEORGE	4.2 NAME	
STREET ADDRESS	7211 ULMERTON RD E #2067	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FULLER, FLOYD	5.2 NAME	
STREET ADDRESS	6569 WAYNE STREET N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	5.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHREIHOFFER, FRANKLYN L.	6.2 NAME	
STREET ADDRESS	652 51ST ST S	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE: **HENRY L. GRIFFITH** MARCH 13, 1997 813-544-6436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050109

CR2E037 (9/96)