2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# 705099

Entity Name: SELAMA GROTTO CEREBRAL PALSY ENDOWMENT, INC. OF ST. PETERSBURG, FLORIDA

Current Principal Place of Business:

3000 16TH STREET NORTH
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

3000 16TH STREET NORTH
SAINT PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-6139437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, DANNY H
34185 CANAL DR
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MALONE, HAROLD E	
Address:	1150 8TH AVE S.W., UNIT #11	
City-St-Zip:	LARGO, FL 33770	
Title:	D	( ) Delete
Name:	BRYAN, HARDY W III	
Address:	766 35TH AVE N.	
City-St-Zip:	SAINT PETERSBURG, FL 33704	
Title:	D	( ) Delete
Name:	GRIFFITH, HENRY L	
Address:	5556 81ST TERRACE NORTH	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	SD	( ) Delete
Name:	FLOWERS, EDWARD W	
Address:	3724 26TH AVE N	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	D	( ) Delete
Name:	RODGERS, ALFRED M	
Address:	6671 EMERSON AVENUE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 33707	
Title:	PD	( ) Delete
Name:	SCHREIHOFER, FRANKLYN L.	
Address:	652 51ST AVENUE SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33705	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANNY H. ROBINSON TREA 02/15/2008
Electronic Signature of Signing Officer or Director — Date