


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90152 034 ****61.25

DOCUMENT # 705099					
1. Entity Name SELAMA GROTTTO CEREBRAL PALSY ENDOWMENT, INC. OF ST. PETERSBURG, FLORIDA					
Principal Place of Business 3000 16TH STREET NORTH SAINT PETERSBURG, FL 33704			Mailing Address 3000 16TH STREET NORTH SAINT PETERSBURG, FL 33704		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6139437	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFITH, HENRY L 5556 81ST TER. N. PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, HAROLD E 1150 8TH AVE S.W., UNIT #11 LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPTON, DONALD W 6580 SEMINOLE BLVD., LOT 747 SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDY W. BRYAN III 766 35TH AVE. N. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFITH, HENRY L. 5556 81ST TERRACE NORTH PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOWERS, EDWARD W 3724 26TH AVE N SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, ALFRED M 6671 EMERSON AVENUE SOUTH ST PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHREIHOFFER, FRANKLYN L. 652 51ST AVENUE SOUTH SAINT PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Henry L. Griffith</u> HENRY L. GRIFFITH 4-21-05 727-544-6436 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40067117

705099

BLOCK 11 (CONT'D)

TITLE D

NAME CARL W. LEWIS

STREET ADDRESS 3227 KESWICK CT.

CITY-ST-ZIP LAND O' LAKE, FL 34639

TITLE D

NAME STUART EARLY, JR.

STREET ADDRESS 825 50TH AVE., N.

CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE D

NAME MARK A. FOWLER

STREET ADDRESS 1235 FAIRWAY CIRCLE, S.

CITY-ST-ZIP ST. PETERSBURG, FL 33706

TITLE D

NAME DANNY H. ROBINSON

STREET ADDRESS 34185 CANAL DR.

CITY-ST-ZIP PINELLAS PARK, FL 33781

ATTACHMENT

40067117

#705699

BLOCK 11 (CONT'D)

TITLE

D

NAME

FRANK M. LIZIUS

STREET ADDRESS

1160 75TH AVE., N.

CITY-ST-ZIP

ST. PETERSBURG, FL 33702

TITLE

D

NAME

J. DAVID NEVEITT

STREET ADDRESS

5801 63RD TERRACE, N.

CITY-ST-ZIP

PINELLAS PARK, FL 33781

TITLE

D

NAME

JAMES R. MULLEN

STREET ADDRESS

4401 HUNTINGTON AVE., N.E.

CITY-ST-ZIP

ST. PETERSBURG, FL 33703