


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90133 034 ****61.25

DOCUMENT # 705099 1. Entity Name SELAMA GROTTO 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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIFFITH, HENRY L 5556 81ST TER. N. PINELLAS PARK, FL 33781			Name ROBINSON, DANNY H. Street Address (P.O. Box Number is Not Acceptable) 34185 CANAL DR. City PINELLAS PARK FL Zip Code 33781		
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 DANNY H. ROBINSON <i>Danny H. Robinson</i> 04/03/06 <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, 2006		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 <input type="checkbox"/> Delete 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	VD BRYAN III, HARDY W <input type="checkbox"/> Delete 766 35TH AVE N. SAINT PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRYAN III, HARDY W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFITH, HENRY L. <input type="checkbox"/> Delete 5556 81ST TERRACE NORTH PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIFFITH, HENRY L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOWERS, EDWARD W <input type="checkbox"/> Delete 3724 26TH AVE N SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOWLER, MARK A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1235 FAIRWAY CIRCLE S. ST. PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, ALFRED M <input type="checkbox"/> Delete 6671 EMERSON AVENUE SOUTH ST PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, DANNY H. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34185 CANAL DR. PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHREIHOFFER, FRANKLYN L. <input type="checkbox"/> Delete 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 exemptions contained 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 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: <i>Danny H. Robinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/03/06 727-415-4118 <small>Date Daytime Phone #</small>		