

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705099

FILED  
May 09, 2007  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: SCHREIHOFFER, 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

05/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date