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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 763836

1. Corporation Name

(4)

FILED
May 20 1997 8:00am
Secretary of State

SELAMA GROTTO, INC.													
Principal Place of Business Mailing Address									A DOBINI TOURIN ANNO NIKET ARIUM ALAMO DI	nt dian Bran	i Bibit arbii Si	ION CION IDEI	
1117 ARLINGTON AVE. NORTH 1117 ARLINGTON AVE. NORTH ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705-1521									: it . 1% . V.				
									3. Date Incorporated or Qualified 06/21/1982	3a. Date of Last Report 09/24/1996			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For]
21				26					59-0440467 Not Applicable \$8,75 Additional				4
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23			28						Trust Fund Contribution			to Fees	4
Zip	<u> </u>		Zρ		 -	Country			8. This corporation has liability for in		lax under s] No	. 199.032,	
24	Q Name an	d Address of Current F	29 Teniste	red Agent	30	-T			Fiorida Statutes 10. Name and Address of New Reg				┨
9, Name and Address of Current Registered Agent							Name		10. 10.110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>	1
RENSHAW, RICHARD L						100	Ctront	A delega	Idress (P.O. Box Number Is Not Acceptable)				4
1117 ARLINGTON AVE. NORTH						82 Street Add			ss (P.O. Box Number is Not Acceptable	e) 			
ST. PETERSBURG FL 33705						83]
						84	City		<u>,</u>	C" 1	85 Zip	Oode	1
11 Pureuant	to the provision	s of Sections 617 0502	and 61	7 1509 Florida Statut	ac the	ebove	-named	COFFIC	ration submits this statement for the na	FL WOOSE OF	changing i	td registered	┦
office or r	registered agent	or both, in the State of	Fiorida	Such change was a	outhoriz	ed by	the corp	poratio	ration submits this statement for the pen's board of directors. I hereby accep	t the appo	intment as	registered	
	un lammai with,	and accept the congain	JIIS OI,	SECTION 6 17,0303, FIC	ilua Sii	310162	•						1
SIGNATURE	Signature typed or a	rinted name of registered egent r	and title if	applicable. (NOT	E: Registe	ed Age	nt signature	required	when reinstating)	DATE]_
12.		OFFICERS AND I	DIRECT		13				ADDITIONS/CHANGES TO OFFIC	ERS AND]g
TITLE	\$			☐ DELETE	1	TITLE		İ			Change	Addition	CR2E037 (9/96)
NAME	NICHOLSON, GEORGE			•			1.2 NAME						18
STREET ADDRESS				7			1.3 STREET ADDRESS						띬
CITY-ST-ZIP TITLE		34641		DELETE		CITY-S TITLE	T-ZIP			·	Change	Addition	기 뜻
NAME	D SCHDEIHO	FER, FRANKLYN		E DEFEIL	- 1	NAME		l	• • • • • • • • • • • • • • • • • • •		Onengo	Apparon	
STREET ADDRESS	652 51ST /				F	2.3 STREET ADDRESS			•				
CITY-ST-ZIP	ST PETERS				1	ingu.							1
TITLE	D			DELETE	3.1	TITLE							
NAME	UPTON, DO	NALD				NAME]			THE DESIGNATION		1
STREET ADDRESS	1760 DEVO	N SHIRE RD NO			1		address	1	'				1
CITY-ST-ZIP	ST. PETER	SBURG FL			34.	CITY-S	T-ZIP						1
TITLE	T			☐ DELETE	4.1	TITLE					Change	Addition	1
NAME		RICHARD L			4.2	NAME		ŀ					
STREET ADDRESS							4.3 STREET ADDRESS						
CITY-ST-7IP TITLE	SEMINOLE	FL		" Dografia		CITY-SI	- 21P						1
NAME				☐ DELETE		TITLE	·			7	Change	Addition	1
STREET ADDRESS						NAME						*	}
CITY-ST-ZIP							ADDRESS						
TITLE	·····		 .	DELETE		CITY-ST	- ZIP				100	17.55	4
NAME				En percit		MAME				ι	Change	Addition	1
STREET ADDRESS							address						
CITY-ST-ZIP						ZITY-ST	1						
14. I do hereb	by certify that the	information supplied w	ith this	filing does not qualify	y for the	exer	notion st	lated in	Section 119.07(3)(i), Florida Statutes.	I further	certify that	the	1

I do fureby 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) changed, or on an attachment with an address.

RICHARD L. RENS HAW

SIGNATURE

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

rens. 5-6-9

813 - 384-6077