2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 8:00 am **Secretary of State DOCUMENT # 763836** 02-06-2004 90016 017 ****70.00 SELAMA GROTTO, INC. Principal Place of Business Mailing Address 3000 16 STREET NORTH ST. PETERSBURG FL 33713 3000 16 STREET NORTH ST. PETERSBURG FL 33713 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 59-0440467 Not Applicable Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREEN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1516 WINCHESTER RD N SAINT PETERSBURG FL 33710 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ■ Addition ☐ Delete TITLE TITLE FLOWERS, EDWARD NAME NAME 3724 26 AV N STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE LIZIUS, FRANK M NAME NAME 1160 75 AVE NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33702 CITY-ST-7IP COY-ST-ZIE Addition ☐ Change TITLE Delete GRIFFITH, HENRY L DANNY HROBINSON, MONARCH NAME NAME 5556 81 TERR N 34185CANAL DR. PINELLAS PARK STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP TITLE MARK A. FOWER, S.J. 1235 FAIRWAY CIRCLE, S. ST PETERSBURG, FL 33706 WEBB, ROGER R NAME NAME 6190 62 AV N #16 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

FILED