


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90229 015 ****61.25

DOCUMENT # N00000004603 1. Entity Name GRAND CENTRAL DISTRICT ASSOCIATION, INC.					
Principal Place of Business 2300 FIRST AVE N SAINT PETERSBURG, FL 33713			Mailing Address 2300 FIRST AVE N SAINT PETERSBURG, FL 33713		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3670910	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUNNINGHAM, BEN H. 2300 FIRST AVE N SAINT PETERSBURG, FL 33713			Name <u>Graves, Steve</u> Street Address (P.O. Box Number is Not Acceptable) <u>2300 First Ave N.</u> City <u>St. Petersburg</u> <u>FL</u> Zip Code <u>33713</u>		
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 <u>B. S. Graves</u> <small>Signature, typed or printed name of registered agent and applicable.</small>			DATE <u>3-23-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</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	P LONGSTRETH, BRIAN 2435 CENTRAL AVE SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shorr Jeff 2955 Central Ave, St Pete, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTLEY, JIM 1950 FIRST AVE N SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wentkemper, Harry 2823 Central Ave N, St Pete, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COYLE, MARY 2115 CENTRAL AVE 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	T BUNN, RICK <u>Bingaman, Kerry</u> P O BOX 12823 <u>2435 First Ave N</u> SAINT PETERSBURG, FL <u>33713</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R D <u>Latta, Nata</u> ASH, ROBIN <u>2414 CENTRAL AVE</u> SAINT PETERSBURG, FL <u>33713</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, DAVID 2414 CENTRAL AVE SAINT PETERSBURG, FL 33713		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: <u>B. S. Graves</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-23-06</u> <small>Daytime Phone #</small>		