

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90242 007 ****61.25

DOCUMENT # N02000003703 1. Entity Name THE GRAND PRIX FOUNDATION OF ST. PETERSBURG, INC.					
Principal Place of Business 146 2 STREET NORTH STE 106 ST PETERSBURG, FL 33701			Mailing Address 146 2 STREET NORTH STE 106 ST PETERSBURG, FL 33701		
2. Principal Place of Business 1429 Arlington Av. N. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 67153 Suite, Apt. #, etc.			
City & State St. Petersburg, FL Zip 33705		City & State St. Petersburg, FL Zip 33736		4. FEI Number 33-1041541 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTRY, DONALD 200 CENTRAL AVE STE 1600 ST PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	TD ADAMS, JAMES W 4316 NEW RIVERS HILLS PKWY STE 9 VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, JAMES W 800 BRIGHTWATERS BLVD NE SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BEGLEY, THOMAS F 140 2ND ST N STE 106 SAINT PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1429 Arlington Av. N. St. Petersburg, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGOTT, TIMOTHY R 5600 GULF BLVD SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTMAN, CHRISTINE M 7 BAYFRONT CT SAINT PETERSBURG, FL 33711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENDICOTT, SUNNY 2915 SUNSET WAY PASS-A-GRIFFE, FL 33706 <input type="checkbox"/> Delete		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 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 an address with or without power.					
SIGNATURE: <i>Thomas F. Begley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			April 8, 2004 (727) 804-1594 Date Daytime Phone #		

Thomas F. Begley