2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N05000005318

FILED Feb 21, 2006 8:00 am Secretary of State

02-21-2006 90025 001 ****70.00

1. Entity Nam	ne PETERSBUF	RG YOUTH COL	JNCIL, II	NC						••		
Principal Place of Business 4815 34TH STREET S ST PETERSBURG, FL 33711			Mailing Address 4815 34TH STREET S ST PETERSBURG, FL 33711					40015800				
2. Principal Place of Business			3. Mailing Address				- 188001 01 0000 000 000 000 000 000 000					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01182006	Chg-NP	CR2E	037 (11/05)	
City & State			City & State					4. FEI Number		26	<u> </u>	oplied For
_ Zip _	Zip Country		Zip		Cou	ountry			of Status Desi		\$8.75 Ad Fee Require	ditional
	6. Name and	Address of Current R	egistered A	\gent				7. Name and	Address of N	ew Registere	d Agent	
VALLAVIED	DE TERENO	F.O.				Name						
VILLAVERDE, TERENCE G 4815 34TH STREET S ST PETERSBURG, FL 33711			, imar			Street Address (P.O. Box Number is Not Acceptable)						
011212				-								
			***			City				F	L Zip Coo	le
the obligat	named entity sub	mits this statement for agent.	the purpose	of changing its	register	ed office or	register	ed agent, or bot	th, in the State	of Florida. I a	m familiar with,	and accept
SIGNATURE .	Signature, typed or print	ted name of registered agent an	nd title if applicat	ole. (NOTE	2 Pegistere	d Agent signat.	ure required	when reinstating)		ОАТЕ	:	
					Campaign Financing and Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
								\$5.00 May B Added to Fees	le			
10.			ECTORS					\$5.00 May B Added to Fees		Florida Dep	artment of S	tate
10.	Due by May	0FFICERS AND DIRE	ECTORS		Contribut	ion.		Added to Fees		Florida Dep	artment of S	tate
TITLE NAME	C GRIMBERG, F	1, 2006 OFFICERS AND DIRE	ECTORS	Trust Fund C	11.	ion.		Added to Fees		Florida Dep	artment of S	tate
TITLE NAME STREET ADDRESS	C GRIMBERG, F 4815 34TH ST	OFFICERS AND DIRE	ECTORS	Trust Fund C	11. TITLI NAM STRE	ion.		Added to Fees		Florida Dep	artment of S	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRIMBERG, F 4815 34TH ST ST PETERSBI	1, 2006 OFFICERS AND DIRE	ECTORS	Trust Fund C	11. TITLI NAM STRE	ion.	A	Added to Fees	ANGES TO OF	FIORIDA DEP	artment of S DIRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	C GRIMBERG, F 4815 34TH ST ST PETERSBI	OFFICERS AND DIRECTION	ECTORS	Trust Fund C	11. TITLE NAM STRE CITY	E ET ADDRESS -ST-ZIP	A	Added to Fees	ANGES TO OF	FIORIDA DEP	artment of S DIRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	C GRIMBERG, F 4815 34TH ST ST PETERSBI VC TURNER, DEL	OFFICERS AND DIRECTION OF THE CONTROL OF T	ECTORS	Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM	E E ET ADDRESS -ST-ZIP	A	Added to Fees	ANGES TO OF	FIORIDA DEP	artment of S DIRECTORS IN	tate 1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	C GRIMBERG, F 4815 34TH ST ST PETERSBI VC TURNER, DEL PO BOX 1167-	OFFICERS AND DIRECTION OF THE CONTROL OF T	ECTORS	Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM STRE	E ET ADDRESS -ST-ZIP	A	Added to Fees	ANGES TO OF	FIORIDA DEP	artment of S DIRECTORS IN	tate 1 10 Addition
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12. I hereby certify that the information supplied with this filing does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR