2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N39027

1. Entity Name
ST. PETERSBURG JUNIOR FOOTBALL ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CAMPBELL PARK REACRATION C. 601 14TH ST. S. ST. PETERSBURG, FL 33705	SPJFAA P.O. BOX 16035 ST. PETERSBURG, FL 33705 US

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01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2613523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRUSKIN, DAVID J
501 FIRST AVENUE NORTH
#509
ST. PETERSBURG, FL 33701

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ODOM, DAISY
STREET ADDRESS	3466 16TH AVE S
CITY-ST-ZIP	ST PETE, FL
TITLE	D
NAME	FOWLER, MARY
STREET ADDRESS	1221 22ND AVE S.
CITY-ST-ZIP	ST.PETERSBURG, FL
TITLE	D
NAME	ODOM, CECIL
STREET ADDRESS	3466 16TH AVE S
CITY-ST-ZIP	ST.PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000390027
01/23/06-80008-025 61.25

U00000390027
01/23/06-80008-026 8.75

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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: C Odom 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #