


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39027</b> 1. Entity Name ST. PETERSBURG JUNIOR FOOTBALL ATHLETIC ASSOCIATION, INC.	
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Principal Place of Business C/O CAMPBELL PARK REACRATION C. 601 14TH ST. S. ST. PETERSBURG, FL 33705	Mailing Address SPJFAA P.O. BOX 16035 ST. PETERSBURG, FL 33705 US
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02232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2613523	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, DAISY 3466 16TH AVE S ST PETE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, MARY 1221 22ND AVE S. ST.PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODOM, CECIL 3466 16TH AVE S ST.PETERSBURG, FL
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03/20/07-80001-019 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07 (727) 215-4419  
Date Daytime Phone