


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90195 038 \*\*\*\*70.00

<b>DOCUMENT # N39027</b>	
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1. Entity Name  
ST. PETERSBURG JUNIOR FOOTBALL ATHLETIC  
ASSOCIATION, INC.

Principal Place of Business C/O CAMPBELL PARK REACRATION C. 601 14TH ST. S. ST. PETERSBURG, FL 33705	Mailing Address SPIFAA P.O. BOX 16035 ST. PETERSBURG, FL 33705 US
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02242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2613523	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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, 2008**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Cecil Odom Jr CECIL ODOM JR 5/22/08 727 215-4419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #