
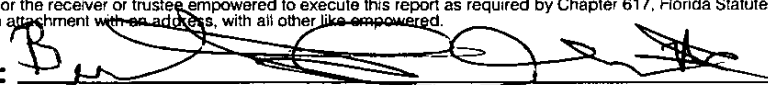


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90001 015 ****85.00

DOCUMENT # N93000000569 1. Entity Name GIBBS JUNIOR GLADIATORS YOUTH ATHLETIC ASSOCIATION, INC.					
Principal Place of Business WILDWOOD COMMUNITY 1000-28TH STREET SOUTH SAINT PETERSBURG, FL 33712			Mailing Address P.O. BOX 10004 ST PETERSBURG, FL 33733-5144 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3166375	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRIS, CAROLYN 1175 PINELLAS POINT DR SO #149 SAINT PETERSBURG, FL 33705				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PCD	<input type="checkbox"/> Delete	TITLE	Bert Clemons III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, ARVIS SR		NAME	PCD	
STREET ADDRESS	3842 NLK ST SO		STREET ADDRESS	2412 Desoto Wy. So.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYWOOD, PAUL		NAME	ARVIS Harris sr	
STREET ADDRESS	4200 31ST SO		STREET ADDRESS	3842 MLK St SO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, CAROLYN		NAME	Carolyn Harris	
STREET ADDRESS	1175 PINELLAS POINT DR SO #149		STREET ADDRESS	1175 Pinellas Point Dr	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANNOR, LAFRIEDA		NAME	Janet Harris	
STREET ADDRESS	883 68TH AVE SO		STREET ADDRESS	2360 11th St	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP	St. Pete, FL 33705	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, DELORES		NAME	Delores Lewis	
STREET ADDRESS	156 -23RD AVE SE		STREET ADDRESS	156 23rd Ave Se	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP	St. Petersburg FL 33705	
TITLE	<input type="checkbox"/> Delete		TITLE	DAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Carole Bolden	
STREET ADDRESS			STREET ADDRESS	16405th Aves unit 1	
CITY-ST-ZIP			CITY-ST-ZIP	St. Petersburg FL 33712	
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 all other like empowered.					
SIGNATURE: 			Date 7/17/05 Daytime Phone # 727-846-3629		