

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 767311 1. Entity Name THEODORE ROOSEVELT GIBSON MEMORIAL FUND, INCORPORATED	
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Principal Place of Business 3629 GRAND AVENUE P.O. BOX 3 MIAMI, FL 33233-1134	Mailing Address NCORPORATED % 3661 FRANKLIN AVENUE MIAMI, FL 33133
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02152006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2313448	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIBSON, THELMA 3661 FRANKLIN AVENUE MIAMI, FL 33133

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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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP GIBSON, THELMA ANDERSON 3661 FRANKLIN AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, CARMETTA 5701 NE 3RD AVE MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, VERNEKA S PO BOX 1807 MIAMI, FL 33233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALLACE, SONDRRA 4350 NW 181ST TERR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUBBIN, HELENE 801 N VENETIAN DR #904 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOULIHAN, EDITH G. 3250 ALAMANDA ST MIAMI, FL 33133

000003440112
03/02/06-00028-003 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: Thelma V. Gibson 2/15/06 305-442-9613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #