


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90034 013 ****70.00

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1. Entity Name
THEODORE ROOSEVELT GIBSON MEMORIAL FUND, INCORPORATED



Principal Place of Business Mailing Address

3629 GRAND AVENUE *3634 Grand Ave* PO BOX 331134
 P.O. BOX 331134 MIAMI, FL 33233
 MIAMI, FL 33233-1134

DO NOT WRITE IN THIS SPACE

40010714



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2313448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBSON, THELMA
 3661 FRANKLIN AVENUE
 MIAMI, FL 33133

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 *Thelma V.G. Gibson* DATE *01-17-08*

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

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	DP
NAME	GIBSON, THELMA ANDERSON
STREET ADDRESS	3661 FRANKLIN AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	RUSSELL, CARMETTA
STREET ADDRESS	5701 NE 3RD AVE
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DS
NAME	WALLACE, SONDR
STREET ADDRESS	4350 NW 181ST TERR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	<i>ADVISOR</i>
NAME	DUBBIN, HELENE
STREET ADDRESS	801 N VENETIAN DR #904
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	<i>D.V.P.</i>
NAME	HOULIHAN, EDITH G.
STREET ADDRESS	3250 ALAMANDA ST
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	<i>D.V.P.</i>
NAME	CHARLES A. GIBSON, ESQ.
STREET ADDRESS	3679 FRANKLIN AVENUE
CITY-ST-ZIP	MIAMI FL 33133

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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: *Thelma V.G. Gibson* DATE *01-17-08* DAYTIME PHONE # *305-442-9813*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #