

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

DOCUMENT # 767311

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

40010714



DO NOT WRITE IN THIS SPACE

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)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	DS WALLACE, SONDR 4350 NW 181ST TERR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUBBIN, HELENE ADVISOR 801 N VENETIAN DR #904 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP D.T. HOULIHAN, EDITH G. 3250 ALAMANDA ST MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHARLES A. GIBSON, ESQ. 3679 FRANKLIN AVENUE MIAMI FL 33133

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR