


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90022 013 \*\*\*\*61.25

<b>DOCUMENT # N05000007769</b>						
<b>1. Entity Name</b> BOB GRAHAM CENTERS, INC.						
<b>Principal Place of Business</b> 212 STUART AVENUE LAKE WALES, FL 33853			<b>Mailing Address</b> 212 STUART AVENUE LAKE WALES, FL 33853			
<b>2. Principal Place of Business - No P.O. Box #</b> 6843 Main Street		<b>3. Mailing Address</b> 6843 Main Street				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 20-4404067		
<b>Zip</b> 33016		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  GIBSON, ROBIN 212 E. STUART AVENUE LAKE WALES, FL 33853			<b>7. Name and Address of New Registered Agent</b> Name <b>Chip Burpee</b> Street Address (P.O. Box Number is Not Acceptable) 6843 Main Street  City <b>Miami</b> <b>FL</b> Zip Code <b>33018</b>			
<b>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.</b>  SIGNATURE <u><i>Charles Burpee</i></u> DATE <u>4-6-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> C	<b>NAME</b> GRAHAM, BOB		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6843 MAIN ST	<b>CITY - ST - ZIP</b> HIALEAH, FL 33014			<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> CCD	<b>NAME</b> WEHMEYER, ANN		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> UNIVERSITY OF FLORIDA	<b>CITY - ST - ZIP</b> GAINESVILLE, FL 32611			<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> CCD	<b>NAME</b> SUGRUE, PAUL K		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5250 UNIVERSITY DR RM 219 JENKINS	<b>CITY - ST - ZIP</b> MIAMI, FL 33146			<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> ST	<b>NAME</b> GIBSON, ROBIN		<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 212 E STUART AVE	<b>CITY - ST - ZIP</b> LAKE WALES, FL 33853			<b>STREET ADDRESS</b> 212 E. STUART AVE	<b>CITY - ST - ZIP</b> LAKE WALES, FL 33853	
<b>TITLE</b> D	<b>NAME</b> STARVROS, GUS A		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> ONE BCH DR SE 305	<b>CITY - ST - ZIP</b> SAINT PETERSBURG, FL 33701			<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> DE LA CRUZ, CARLOS M		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3201 MILAM DAIRY RD	<b>CITY - ST - ZIP</b> MIAMI, FL 33122			<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>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.</b>						
<b>SIGNATURE:</b> <u><i>Bob Graham</i></u>				Date <u>4.6.07</u> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # N05000007769</b> 1. Entity Name <b>BOB GRAHAM CENTERS, INC.</b>					
Principal Place of Business <b>212 STUART AVENUE LAKE WALES, FL 33853</b>		Mailing Address <b>212 STUART AVENUE LAKE WALES, FL 33853</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>20-4404067</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIBSON, ROBIN 212 E. STUART AVENUE LAKE WALES, FL 33853</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Campaign Financing <b>722 ALBA DRIVE</b> <small>ORLANDO, FL 32804</small>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GRAHAM, BOB 6843 MAIN ST HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUFFIER, JOAN 722 ALBA DRIVE ORLANDO, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCD WEHMEYER, ANN UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUGH, JAMES H. 359 CAROLINA AVENUE WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCD SUGRUE, PAUL K 5250 UNIVERSITY DR RM 219 JENKINS MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLASER, LEWIS ROOM #230 ASHE ADM BUILDING, U of M CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GIBSON, ROBIN 212 E STUART AVE LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PURCELL, SUSAN ROOM #317 JENKINS BUILDING, U of M CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STARVROS, GUS A ONE BCH DR SE 305 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOUKE, JANIE 235 TIGERT HALL GAINESVILLE, FL 32611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE LA CRUZ, CARLOS M 3201 MILAM DAIRY RD MIAMI, FL 33122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T BURPEE, CHIP 6843 MAIN STREET MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					