

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90022 016 \*\*\*\*61.25

**DOCUMENT # N29808**

1. Entity Name

THE H.E. GRAVES, JR. FAMILY FOUNDATION, INC.



Principal Place of Business

C/O GULF STREAM LUMBER COMPANY  
1415 SOUTH FEDERAL HWY  
BOYNTON BEACH FL 33435-6003

Mailing Address

C/O GULF STREAM LUMBER COMPANY  
1415 SOUTH FEDERAL HWY  
BOYNTON BEACH FL 33435-6003

2. Principal Place of Business

C/O GULF STREAM LUMBER

Suite, Apt. #, etc.

1481 W. 15TH ST.

City & State

RIVIERA BCH., FL

Zip  
33404

Country  
US

3. Mailing Address

C/O GULF STREAM LUMBER

Suite, Apt. #, etc.

1481 W. 15TH ST.

City & State

RIVIERA BCH., FL

Zip  
33404

Country  
US



MOORE

CR2E037 (11/03)

4. FEI Number

65-0101433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VLASSIS, DENNIS K  
1415 SOUTH FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435-6003

7. Name and Address of New Registered Agent

Name

VLASSIS, DENNIS

Street Address (P.O. Box Number is Not Acceptable)

1481 W. 15TH ST.

City

RIVIERA BCH

FL

Zip Code

33404

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

*Dennis K Vlassis*

*Dennis K Vlassis*

*2-6-04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VLASSIS, MARGOT GRAVES  
6019 N OCEAN BLVD  
OCEAN RIDGE FL 33435-5207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
VLASSIS, DENNIS  
6019 N OCEAN BLVD  
OCEAN RIDGE FL 33435-5207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
O'NEILL, PAMELA, GRAVES  
1246 DEARBORN DR  
AKRON OH 44313-6722 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
GRAVES, S KEITH  
404 CRYSTAL LAKE RD  
AKRON OH 44333-1712 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*S. Keith Graves* S. Keith Graves, Pres. *2/16/04*

**330-666-1115, x400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #