2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N29808

Entity Name: THE H.E. GRAVES, JR. FAMILY FOUNDATION, INC.

Current Principal Place of Business:

C/O GULF STREAM LUMBER COMPANY
1481 W 15TH STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10448
RIVIERA BEACH, FL 334190448

New Mailing Address:

FEI Number: 65-0101433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VLASSIS, DENNIS K
1481 W. 15TH ST.
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VLASSIS, MARGOT GRAV, ES
Address: 6019 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 334355207

Title: VD ( ) Delete
Name: VLASSIS, DENNIS,
Address: 6019 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 334355207

Title: D ( ) Delete
Name: O'NEILL, PAMELA, GRA, VES
Address: 1246 DEARBORN DR
City-St-Zip: AKRON, OH 443136722

Title: PSD ( ) Delete
Name: GRAVES, S KEITH,
Address: 404 CRYSTAL LAKE RD
City-St-Zip: AKRON, OH 443331712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS K. VLASSIS RA 01/05/2006
Electronic Signature of Signing Officer or Director — Date