2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N29808

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

Principal Place of Business	Mailing Address
C/O GULF STREAM LUMBER COMPANY 1481 W 15TH STREET RIVIERA BEACH, FL 33404	P.O. BOX 10448 RIVIERA BEACH, FL 33419-0448

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01032007 No Chg-NP CR2E037 (4/06)

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
1481 W. 15TH ST.
RIVIERA BEACH, FL 33404

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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 _____ DATE
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VLASSIS, MARGOT GRAVES
STREET ADDRESS	6019 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 334355207
TITLE	VD
NAME	VLASSIS, DENNIS
STREET ADDRESS	6019 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 334355207
TITLE	D
NAME	O'NEILL, PAMELA, GRAVES
STREET ADDRESS	1246 DEARBORN DR
CITY-ST-ZIP	AKRON, OH 443136722
TITLE	PSD
NAME	GRAVES, S KEITH
STREET ADDRESS	404 CRYSTAL LAKE RD
CITY-ST-ZIP	AKRON, OH 443331712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dennis Vlassis 1-4-07 561-472-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #