

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29808

FILED
Apr 13, 2011
Secretary of State

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

Current Principal Place of Business:

C/O GULF STREAM BUILDERS SUPPLY
1481 W 15TH STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

C/O GRAVES LUMBER CO.
1315 S CLEVELAND-MASSILLON ROAD
COPLEY, OH 44321

Current Mailing Address:

P.O. BOX 869
AKRON, OH 443090869

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:

VCLASSIS, DENNIS K
4352 WAXWING CT
BOYNTON BEACH, FL 33436 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
Name: VCLASSIS, MARGOT GRAVES
Address: 4352 WAXWING COURT
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD
Name: VCLASSIS, DENNIS
Address: 4352 WAXWING COURT
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D
Name: O'NEILL, PAMELA, GRAVES
Address: 561 ROYAL CREST DRIVE
City-St-Zip: COPLEY, OH 44321

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

Title: D
Name: GRAVES, MICHELE
Address: 404 CRYSTAL LAKE RD.
City-St-Zip: AKRON, OH 44333

Title: TD
Name: O'NEILL, PATRICK L.
Address: 561 ROYAL CREST DRIVE
City-St-Zip: COPLEY, OH 44321

I hereby 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 all other like empowered.

SIGNATURE: S KEITH GRAVES

P

04/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date