

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 25 1996 8:00 am  
Secretary of State

DOCUMENT # N93000002345 (7)

1. Corporation Name

THE EDMUND GAINES GRAHAM HOME, INC.



Principal Place of Business

Mailing Address

2400 EAST HENRY AVENUE  
TAMPA FL 33610

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TAMPA FL 33610

3. Date Incorporated or Qualified  
05/21/1993

3a. Date of Last Report  
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3214834

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIZZO, PAUL  
501 EAST KENNEDY BLVD.  
STE. 1700  
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ DELETE  
NAME MELLAN, BILL DR.  
STREET ADDRESS P.O. BOX 31127  
CITY-STATE-ZIP TAMPA FL 33601

TITLE ~~D~~ ☐ DELETE  
NAME CHOATE, LT. COL. USAF (RET) ROBERT  
STREET ADDRESS 2405 CAROLINA AVE.  
CITY-STATE-ZIP TAMPA FL 33617

TITLE ~~D~~ ☒ DELETE  
NAME ~~ELLIOT, EDNA~~  
STREET ADDRESS ~~111 S. BLVD.~~  
CITY-STATE-ZIP ~~TAMPA FL~~

TITLE ~~D~~ ☐ DELETE  
NAME ~~BOGGS, BARBARA~~  
STREET ADDRESS ~~7701 TALLAFERRO~~  
CITY-STATE-ZIP ~~TAMPA FL 33606~~

TITLE ~~D~~ ☐ DELETE  
NAME ~~HOWARD, DALE~~  
STREET ADDRESS ~~4005 W. BAKER STREET #2~~  
CITY-STATE-ZIP ~~PLANT CITY FL~~

TITLE ~~D~~ ☒ DELETE  
NAME ~~MCINTOSH, DOLORES~~  
STREET ADDRESS ~~881 E. KENNEDY BLVD~~  
CITY-STATE-ZIP ~~TAMPA FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition  
12 NAME Mellan, Bill Dr.  
13 STREET ADDRESS P.O. Box 31127  
14 CITY-STATE-ZIP Tampa, FL 33601

21 TITLE PD ☒ Change ☐ Addition  
22 NAME Choate, Lt. Col. USAF (Ret) Robert  
23 STREET ADDRESS 2405 Carolina Ave.  
24 CITY-STATE-ZIP Tampa, FL 33629

31 TITLE D ☐ Change ☒ Addition  
32 NAME Sally Parsons  
33 STREET ADDRESS 908 Bruce Street  
34 CITY-STATE-ZIP Tampa, FL 33606

41 TITLE D ☒ Change ☐ Addition  
42 NAME Boggs, Barbara  
43 STREET ADDRESS 7701 Tallafierro  
44 CITY-STATE-ZIP Tampa, FL 33604

51 TITLE D ☒ Change ☐ Addition  
52 NAME Howard, Dale  
53 STREET ADDRESS 1905 W. Baker Street #2  
54 CITY-STATE-ZIP Plant City, FL 33567

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lt. Col. Robert Choate, Chairperson of the Board

1/17/96

(813) 237-3914

Date

Daytime Phone #

CR2E037 (12/95)