

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # N93000002345**

1. Entity Name

THE EDMUND GAINES GRAHAM HOME, INC.



02-01-2005 90040 004 \*\*\*\*61.25  
03-14-2005 90094 044 \*\*\*\*70.00

Principal Place of Business

2400 EAST HENRY AVENUE  
TAMPA FL 33610

Mailing Address

% MENTAL HEALTH CARE, INC.  
5707 N 22ND STREET  
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3214834

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2005**

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 D ☐ Delete  
NAME MCINTOSH, DOLORES  
STREET ADDRESS 5707 NORTH 22ND STREET  
CITY-ST-ZIP TAMPA FL 33610

TITLE PD ☐ Delete  
NAME CHOATE, ROBERT  
STREET ADDRESS 2866 BAYSHORE TRAILS DR  
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☐ Delete  
NAME BALLAS, EDWARD  
STREET ADDRESS 2506 LANCER DRIVE  
CITY-ST-ZIP TAMPA FL 33618

TITLE ST ☒ Delete  
NAME PARRISH, JIMMY  
STREET ADDRESS 6053 GENTLE BEND CIRCLE  
CITY-ST-ZIP WESLEY CHAPLE FL 33544

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ST ☐ Change ☒ Addition  
NAME FRANK PEREZ  
STREET ADDRESS 5707 N 22nd ST  
CITY-ST-ZIP TAMPA, FL 33610

TITLE D ☐ Change ☒ Addition  
NAME ZOE GOULD  
STREET ADDRESS 5707 N 22nd ST  
CITY-ST-ZIP TAMPA, FL 33610

TITLE D ☐ Change ☒ Addition  
NAME EDNA ELLIOTT  
STREET ADDRESS 5707 N 22nd ST  
CITY-ST-ZIP TAMPA, FL 33610

TITLE D ☐ Change ☒ Addition  
NAME GUY KING  
STREET ADDRESS 5707 N 22nd ST  
CITY-ST-ZIP TAMPA, FL 33610

TITLE D ☐ Change ☒ Addition  
NAME MAGGIE NEWMAN  
STREET ADDRESS 5707 N 22nd ST  
CITY-ST-ZIP TAMPA, FL 33610

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

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:

*Robert Choate* 2/22/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CHOATE

813-272-2244

Date

Daytime Phone #