

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90108 038 *****70.00

DOCUMENT # N93000002345

1. Entity Name
THE EDMUND GAINES GRAHAM HOME, INC.



Principal Place of Business
2400 EAST HENRY AVENUE
TAMPA, FL 33610

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

50002637



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3214834

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ~~D~~ ☐ Change ☒ Addition
NAME ~~TAPT, JEANETTE~~
STREET ADDRESS ~~5707 N. 22ND ST.~~
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 ☐ Change ☒ Addition
NAME COHEN, ANDREW
STREET ADDRESS 5707 N. 22ND ST.
CITY-ST-ZIP TAMPA, FL 33610

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

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

TITLE D ☐ Delete
NAME KING, GUY
STREET ADDRESS 5707 N 22ND ST
CITY-ST-ZIP TAMPA, FL 33610

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

TITLE ST ☐ Delete
NAME PEREZ, FRANK
STREET ADDRESS 5707 N. 22ND ST
CITY-ST-ZIP TAMPA, FL 33610

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

TITLE D ☐ Delete
NAME GOULD, ZOE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/06