## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000003354

E.W. GRAHAM COMMUNITY DEVELOPMENT CENTER, INC.

Principal Place of Business MILLS STREET WHITE SPRINGS FL 32096

Mailing Address

2a. Mailing Address

P.O. BOX 21

WHITE SPRINGS FL 32096

## FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90240 035 \*\*\*\*61.25

509773 - 90240 - 35 3 \*



3. Date Incorporated or Qualifed

Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. F	Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed			
Suite Apt #, etc.   Suit	21		26 P. O. BOX 6	56	06/08/1998			
City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	-	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Ap	plied For	
City & State  23  24  25  26  27  27  28  29  29  29  29  29  29  32 0 10  20  20  20  20  20  20  20  20  20	22	•	27		59-3542-794	r No	t Applicable	
28		City & State			5 C Vitaria (Chana Parine)	\$8.75	Additional	
Zip Country Zip Zip Zip Country Zip Zip Zip Country Zip	23	•	28 11/h to ST	winds #E/	5. Certificate of Status Desired	☐ Fee Re	quired	
9. Name and Address of Current Registered Agent  WILLIAMS, BERNARD MILLS STREET,   797 P.O. BOX 21 (MAILING) WHITE SPRINGS FL 32096  11. Pursuant to the provisions of Sections 817 1500 and 617 1500. Finds Statutes, the above harmed corporation authorities the patients of poths in the State of Florids. Statutes, the above harmed corporation authorities the statement for the purpose of changing its registered disperse. I am familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE Springs of plant familiar with, and accept the		Zip Country		Country	6. Election Campaign Financing	\$5.00	May Be	
9. Name and Address of Current Registered Agent  WILLIAMS, BERNARD  MILLS STREET, /6 797 P.O. BOX 21 (MAILING)  WHITE SPRINGS FL 2096  11. Pursuant to the provisions of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an adocept the obligations of, Section 617.600. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an adocept the obligations of, Section 617.600. Florida Statutes.  SIGNATURE Sections of Sactions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an adocept the obligations of, Section 617.600. Florida Statutes.  SIGNATURE Sections of Sactions of Sactions of 17.050. Florida Statutes.  SIGNATURE Sections of Sactions of Sactions of Sactions of 17.050. Florida Statutes.  SIGNATURE Sections of Sactions of Saction	_		29 32096 3	10 Hamilton	· · ·			
WILLIAMS, BERNARD  MILLS STREET, 16797 P.O. BOX 21 (MAILING) WHITE SPRINGS FL 32096  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 agent, or both; in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both; in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE Springs of a purpose in a property and but the florida statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE Springs of the state of Florida. Such change was authorized by the corporation of board of inferctors. I hereby accept the appointment as registered agent. I always a submit agent to the florida. Such change was authorized by the corporation of board of inferctors. I hereby accept the purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of change agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I always a purpose of changing its registered agent. I	==1				10. Name and Address of New F	Registered Agent		
WILLIAMS, BERNARD  MILLS STREET, 16797 P.O. 80X 21 (MAILING) WHITE SPRINGS FL 32096  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation subthits 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; 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; 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; 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; 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; or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its 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; 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; appointmen	<u>                                     </u>		(1)	4	1			
MILLS STREET, 16797 P.O. BOX 21 (MAILING) WHITE SPRINGS F1 32096  84 CIVILITY Springs F1 BS Zip Code 372096  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation subritis this statement for the purpose of changing its 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; 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; 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; 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; 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; 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; 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; or both in the statement for the purpose of changing its registered agent; or both in the statement agent appointment as registered agent; or both in the statement agent appointment as registered agent; or both in the State of Civic S		MELIANC PEDMADD						
P.O. BOX 21 (MALING) WHITE SPRINGS FL 32096  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 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, and accept the obligations of, Section 617,0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Florida Statutes.  SIGNATURE Supplies, Nyeld or please agent of the fire registered agent. I am familiar with, and accept the obligations of, Section 617,0503. Florida Statutes.  SIGNATURE Supplies, Nyeld or please agent by the state registered agent age				Street Addr	· ^ - 1	Z		
WHITE SPRINGS FI, 32096  ### CPUN ITE SprINGS FL 85 Zip Code ### T2 P##			•	83	32	**		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation substitute 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 Scand JAW Liberty Pt. 51 dept. B.C. T. 1978, Florida Statutes.  SIGNATURE Scand JAW Liberty Pt. 51 dept. B.C. T. 1979, Florida Statutes.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE President Directors DELETE 11 TITLE DELETE 11 TITLE BETT OFFICERS AND DIRECTORS IN 12  SIGNATURE Scand L. W. 1 L. 1997 m. 11 ST. 12 NAME  STREET ADDRESS P. P. BOY 21 167 97 m. 11 ST. 13 STREET ADDRESS P. P. BOY 21 167 97 m. 11 ST. 12 NAME  STREET ADDRESS 16 J. 2004 J. 1979 m. 11 ST. 1974 J. 1					<u> </u>			
11. Pursuant to the provisions of Sactions 617, 0500 and 617, 1508, Florida Statutes, the above-named corporation sub-rise this statement for the purpose of charging 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 hareby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hareby accept the appointment as registered agent, and accept, the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Spinure, Type does not require the purpose of charging its registered of price of price agent, and accept, the proposed of the state of the proposed of	¥	WHITE SPRINGS FL 32096		84 Sity //	La C			
office or registered agent; or both; in the State of Florida. Such change was authorized by the corporation's boat of directors. The agent is a agent; and accept, the obligations of, Section 617 (5003, Florida Statutes.  SIGNATURE Served J. W. J. L. S. J. J. P. L. J. L. W. L. W. W. J. S. J. W. J. J. J. W. J. J. J. W. J.				the above named some	protion submits this statement for the			
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statules.  SIGNATURE Sometiments of the properties of the prophesis of the	office or registered agent for hoth fin the State of Florida. Such change was authorized by the corporation's board of directors. I needly accept the appointment as registered							
12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE    President   OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    TITLE   President   OFFICERS AND DIRECTORS   13	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE    President								
TITLE   President   DELETE   11 TITLE     Change   Addition   NAME   Bernard L. Williams   12 NAME   STREET ADDRESS   P. D. 807 21   167 97 mill 5t   TITLE   White   Springs   Fl   32 UP   NAME   Tohin   Graham   22 NAME   STREET ADDRESS   1/4 32 mill 5t   CITY-ST-ZP   White   Springs   Fl   32 UP   TITLE   WILL   Springs   Fl   32 UP   TITLE   White   Springs   Fl   32 UP   TITLE   Secretary   DELETE   41 TITLE   TITLE   Change   Addition   NAME   STREET ADDRESS   Logic   The Springs   Fl   32 UP   TITLE   Secretary   DELETE   41 TITLE   TITLE   Change   Addition   NAME   STREET ADDRESS   Logic   The Springs   Fl   32 UP   TITLE   D   DELETE   TITLE   D   Change   Addition   NAME   STREET ADDRESS   Logic   The Springs   Fl   32 UP   TITLE   D   DELETE   TITLE   D   Change   Addition   TITLE   D   Change   Addition	40					FICERS AND DIRECTO	RS IN 12	
NAME BERNARD L. WILLIAMS STREET ADDRESS CITY-ST-ZP White Springs f/ 32006 TITLE VICE President DELETE ZITTLE ZITTLE ZITTLE ZIMME STREET ADDRESS 14 CITY-ST-ZIP TITLE ZITTLE ZITTL				_ <del></del>	ADDITIONAL OF AN OLD TO ST			
STREET ADDRESS CITY-ST-ZIP White Springs fl 32096 TITLE VICE President JOHN Graham STREET ADDRESS 14 CITY-ST-ZIP  ZOHN Graham STREET ADDRESS CITY-ST-ZIP White Springs fl 32096 24 CITY-ST-ZIP  TITLE HET Treasurer DELETE 31 TITLE MANE HER MON Stewart STREET ADDRESS CITY-ST-ZIP  White Springs fl 32096 34 CITY-ST-ZIP  TITLE Secretary DELETE 41 TITLE NAME Core tha Vdell STREET ADDRESS CITY-ST-ZIP White Springs fl 32096 42 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP  TITLE D DELETE A1 TITLE Core tha Vdell A3 STREET ADDRESS CITY-ST-ZIP  TITLE D DELETE STREET ADDRESS STREET ADDR	i	president	Ams			~		
CITY-ST-ZIP  White Springs F/3206  TITLE  VICE President   DELETE   21TTLE    ZINAME   John Graham   22NAME    STREET ADDRESS   1632 mill st    CITY-ST-ZIP   White Springs F/32096   24CITY-ST-ZIP    TITLE   MARTE   Grana	NAME	Bernard L. With	17 07 mill st					
TITLE VICE President   DELETE   2.1TITLE   Change   Addition    NAME   John Graham   22 NAME    STREET ADDRESS   16 3.2 mill st   2.3 STREET ADDRESS    CITY-ST-ZIP   White   Springs   F  32096   2.4 CITY-ST-ZIP    TITLE   Herreasurer   DELETE   3.1 TITLE   Change   Addition    NAME   Hermon   Stewart   3.2 NAME    STREET ADDRESS   16,718   Branch   St.    CITY-ST-ZIP   White   Springs   F  32096   34. CITY-ST-ZIP    TITLE   Secretary   DELETE   4.1 TITLE   Change   Addition    NAME   Core   Ha ydel   4.2 NAME    STREET ADDRESS   10961   7 Nd - St.    COTY-ST-ZIP   White   Springs   F  32096   44. CITY-ST-ZIP    TITLE   D   DELETE   DELETE   Change   Addition    NAME   Andy   Larsen   S2 NAME    STREET ADDRESS   18894   Spring   St    STREET ADDRESS   18894   Spring   St    STREET ADDRESS   S3 STREET ADDRESS    CITY-ST-ZIP   White   Springs   F  32096   S4 CITY-ST-ZIP    TITLE   D   DELETE   Change   Addition    Change	STRE	ETADORESS P.D. BOX 21	1911111111	1.3 STREET ADDRESS				
NAME   Tohn Graham	CITY-					Change	- Addition	
STREET ADDRESS	TITLE	VICE President	☐ DELETE	2.1 TITLE		L'1 cuange	Addition	
CITY-ST-ZIP	NAME	John Graham,		2.2 NAME			ļ	
TITLE	STRE	ET ADDRESS 1663,2 m 111- ST		2.3 STREET ADDRESS			1	
NAME	CITY-	ST-ZIP White Springs,	F1 32096	2. 4 CITY-ST-ZIP				
STREET ADDRESS	TITLE	HATTE asuter	☐ DELETE	3.1 TITLE		[_] Change	☐ Addition	
CITY-ST-ZIP	NAME	Hermon Stewart	. 1	3.2 NAME				
TITLE	STRE	ET ADDRESS 16.718 Branch 5	<del>/.</del>	3.3 STREET ADDRESS			Ì	
TITLE	CITY-	ST-ZIP White Springs. Fl	32096	3.4. CITY-ST-ZIP				
STREET ADDRESS   10 461, 2 ad - 51.	TITLE	Secretary	DELETE	-4.1 TITLE		Change	Addition	
CITY-ST-ZIP	NAME	Core Ha udell		4. 2 NAME			·~· ·	
CITY-ST-ZIP	STRE	ETADORESS 10461. 20d- 51.		4.3 STREET ADDRESS			•	
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         Andy Larsen         52 NAME           STREET ADDRESS         16 80 H. Spring 5t         53 STREET ADDRESS           CITY-ST-ZIP         White Springs, Fl 32-09t         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           TITLE         Change         Addition		ist to an Cont	1 32006	4.4 CITY-ST-ZIP			ł	
NAME Andy Larsen 52 NAME STREET ADDRESS 1 80H Spring st 53 STREET ADDRESS CITY-ST-ZIP White Springs, Fl 32096 54 CITY-ST-ZIP TITLE D DELETE 6.1 TITLE Change Addition			☐ DELETE			Change	☐ Addition	
STREET ADDRESS   16 8 PH   Spring 5		, ,		5.2 NAME			İ	
CITY-ST-ZIP White Springs, F1 32046 54CITY-ST-ZIP  TITLE D Change Addition		المرازين والمرازع والم والمرازع والمرازع والمرازع والمرازع والمرازع والمرازع والمراز	L	5.3 STREET ADDRESS				
TITLE D DELETE 6.1 TITLE Change Addition			El 32001	5.4 CITY-ST-ZIP				
T COMME	-		DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME Randy MAKUEN   102 TOWNE	1			6.2 NAME				
STREET ADDRESS 10/71, S. F. 16/ A VE 6.3 STREET ADDRESS			ve	6.3 STREET ADDRESS				
CITY-ST-ZIP White SULTINGS FI 32-00% 64 CITY-ST-ZIP	[		1 22001					

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 annual report or suppliemental 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, with all other like empowered.

SIGNATURE: