FILED
Apr 16, 2007 08:00 A
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P14150

1. Entity Name
CLIFFORD AND LA VONNE GRAESE FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
5193 FAIRWAY OAKS DR. WINDERMERE, FL 34786 US	CORPORATION TRUST CENTER 1209 ORANGE ST WILMINGTON, DE 19801 US

04092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3388411
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAESE, LAVONNE B
5193 FAIRWAY OAKS DR
WINDERMERE, FL 34786

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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: LaVonne B. Graese President 4/11/07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	GRAESE, LAVONNE B.
STREET ADDRESS	5193 FAIRWAY OAKS DR
CITY-ST-ZIP	WINDERMERE, FL
TITLE	D
NAME	GRAESE, LA VONNE B.
STREET ADDRESS	5193 FAIRWAY OAKS DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VSD
NAME	GRAESE, DIANE M
STREET ADDRESS	1704 CORDOBA CANYON ST
CITY-ST-ZIP	LAS VEGAS, NV 89117
TITLE	VD
NAME	DAUGHERTY, SALLY
STREET ADDRESS	7005 NOBLETON DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VD
NAME	ALFIREVIC, SUSAN
STREET ADDRESS	5518 SO PARK AVENUE
CITY-ST-ZIP	HINSDALE, IL 60521
TITLE	VD
NAME	GRAESE, LARRY
STREET ADDRESS	11610 MURRAY AVENUE
CITY-ST-ZIP	LARGO, FL 34648

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04/24/07-80123-019 61.25

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: LaVonne B Graese, President (407) 876-4708
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR Date 4/11/07 Daytime Phone #

LaVonne B. Graese, President