


FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90033 010 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P14150			40101041
1. Entity Name CLIFFORD AND LA VONNE GRAESE FOUNDATION, INCORPORATED			
Principal Place of Business 5193 FAIRWAY OAKS DR. WINDERMERE, FL 34786 US		Mailing Address CORPORATION TRUST CENTER 1209 ORANGE ST WILMINGTON, DE 19801 US	
DO NOT WRITE IN THIS SPACE			
		02252008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 13-3388411	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAESE, LAVONNE B 5193 FAIRWAY OAKS DR WINDERMERE, FL 34786		DO NOT WRITE IN THIS SPACE	
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: <u>Lavonne B Graese</u> DATE: <u>4-8-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GRAESE, LAVONNE B. 5193 FAIRWAY OAKS DR WINDERMERE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAESE, LA VONNE B. 5193 FAIRWAY OAKS DR WINDERMERE, FL 34786		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRAESE, DIANE M 1704 CORDOBA CANYON ST LAS VEGAS, NV 89117		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAUGHERTY, SALLY 7005 NOBLETON DR WINDERMERE, FL 34786		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALFIREVIC, SUSAN 5518 SO PARK AVENUE HINSDALE, IL 60521		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAESE, LARRY 11610 MURRAY AVENUE LARGO, FL 34648		
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: <u>Lavonne B Graese</u>		Date: <u>4-8-08</u> 407-876-4708	