

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29808

Entity Name: THE H.E. GRAVES, JR. FAMILY FOUNDATION, INC.**Current Principal Place of Business:**4352 WAXWING COURT
BOYNTON BEACH, FL 33436**Current Mailing Address:**P.O. BOX 869
AKRON, OH 44309-0869**FEI Number: 65-0101433****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VLASSIS, DENNIS K
4352 WAXWING CT
BOYNTON BEACH, FL 33436 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CO-TRUSTEE
Name	VLASSIS, MARGOT GR
Address	4352 WAXWING COURT
City-State-Zip:	BOYNTON BEACH FL 33436

Title	VD
Name	VLASSIS, DENNIS
Address	4352 WAXWING COURT
City-State-Zip:	BOYNTON BEACH FL 33436

Title	CO-TRUSTEE
Name	O'NEILL, PAMELA G
Address	561 ROYAL CREST DR
City-State-Zip:	COPLEY OH 44321

Title	PSD
Name	GRAVES, S KEITH
Address	404 CRYSTAL LAKE RD
City-State-Zip:	AKRON OH 44333-1712

Title	CO-TRUSTEE
Name	GRAVES, MICHELE A
Address	404 CRYSTAL LAKE RD.
City-State-Zip:	AKRON OH 44333

Title	TD
Name	O'NEILL, PATRICK L.
Address	561 ROYAL CREST DRIVE
City-State-Zip:	COPLEY OH 44321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: S. KEITH GRAVES**PRESIDENT****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date