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Secretary of State
01-14-2005 90032 030 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N43605

1. Entity Name
GIBB GULF COAST VILLAGE, INC.

Principal Place of Business	Mailing Address
300 MABRY STREET TALLAHASSEE, FL 32304	300 MABRY STREET TALLAHASSEE, FL 32304

66002149

01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3071574
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELFER, FRED G JR
300 MABRY STREET
TALLAHASSEE, FL 32304

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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 _____
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	GOODMAN, MARY
STREET ADDRESS	217 LIPONA ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	BLISS, GARY
STREET ADDRESS	75 WALKER CREED DR
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	DP
NAME	DREW, MITCHELL
STREET ADDRESS	1401 OVEN PARK DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VP
NAME	MELTON, CALVIN
STREET ADDRESS	451 CEDAR HILL ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	KLENA, CHRIS
STREET ADDRESS	1307 CHOCKSACKA NENE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Fred G. Shelfer, Jr. 850-576-7145
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mary V. Goodman
Mary V. Goodman 2-14-2005
Secretary/Treasurer