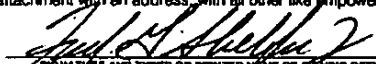


FILED
Feb 17, 2005 8:00 am
Secretary of State

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 300 MABRY STREET TALLAHASSEE, FL 32304		Mailing Address 300 MABRY STREET TALLAHASSEE, FL 32304
DO NOT WRITE IN THIS SPACE		
		66002149 
		01042005 No Chg-NP CR2E037 (10/03)
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		
SHELTER, FRED G JR 300 MABRY STREET TALLAHASSEE, FL 32304		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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	ST GOODMAN, MARY 217 LIPONA ROAD TALLAHASSEE, FL 32304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLISS, GARY 75 WALKER CREED DR CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DREW, MITCHELL 1401 OVEN PARK DR TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELTON, CALVIN 451 CEDAR HILL ROAD TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLENA, CHRIS 1307 CHOCKSACKA NENE TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 817, 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

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