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Jul 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761795 (4)

1. Corporation Name

~~GIBBS CLASS OF 1949, INC.~~
St. Petersburg, Florida's Gibbs High School
Class of 1949, Inc.

Principal Place of Business

Mailing Address

410 KINGSTON ST S
ST. PETERSBURG FL 33711

410 KINGSTON ST S
ST. PETERSBURG FL 33711



3. Date Incorporated or Qualified

02/08/1982

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2441 LAMPARILLA Way So

26 P.O. Box 15944

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ST. PETERSBURG, FL

28 ST. PETERSBURG, FL

Zip

Zip

Country

Country

24 33712

29 33733

Pinellas

Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, JOHN T., JR.
410 KINGSTON ST S
ST. PETERSBURG FL 33711

81 Name

Dorothee Davis

82 Street Address (P.O. Box Number is Not Acceptable)

2441 LAMPARILLA Way So.

83

ST. PETERSBURG

33712

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dorothee M. Davis - Dorothee M. Davis (PRESIDENT) 7/2/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, JOHN T JR	
STREET ADDRESS	410 KINGSTON STREET S	
CITY-ST-ZIP	ST. PETERSBURG FL	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Davis, Dorothee M.	
1.3 STREET ADDRESS	P.O. Box 15944 N/A	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33733	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAVIND, INEZ AIRES	
STREET ADDRESS	2447 COVINA WAY S	
CITY-ST-ZIP	ST PETERSBURG FL	

2.1 TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jones, Jr., Henry	
2.3 STREET ADDRESS	16125 - Ancroft Ct.	
2.4 CITY-ST-ZIP	Tampa, FL 33647	

TITLE	FSD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, SALENA J. LODKEY	
STREET ADDRESS	2430 - 21 STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

3.1 TITLE	FSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TAYLOR, SELENA J. LODKEY	
3.3 STREET ADDRESS	2430-21ST ST. SO.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712	

TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	HEATLY, JUANITA	
STREET ADDRESS	4204 - 11 AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

4.1 TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HEATLY, Juanita	
4.3 STREET ADDRESS	4204 - 11TH Ave. So.	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, BARBARA E. W.	
STREET ADDRESS	2234 - 16 AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lewis, Barbara E.W	
5.3 STREET ADDRESS	2234 - 16th Ave. So.	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, KATIE M	
STREET ADDRESS	2447 - 17TH AVE. SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	

6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GRIMES, KATIE M.	
6.3 STREET ADDRESS	2447-17th Ave. So.	
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothee Davis Dorothee Davis 4/25/98 327-8884

CR2E037 (10/97)