

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-04-2006 90242 025 ****70.00

DOCUMENT # 761795 1. Entity Name GIBBS CLASS OF 49, INC.					
Principal Place of Business 410 KINGSTON STREET SOUTH ST. PETERSBURG FL 33711			Mailing Address 410 KINGSTON STREET SOUTH ST. PETERSBURG FL 33711		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number NO-T APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BAKER, JOHN T JR 410 KINGSTON STREET SOUTH ST. PETERSBURG FL 33711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>JOHN T. BAKER, JR. PRES.</u> <u>06/18/2006</u> <small>Signature, typed or printed name of registered agent and date if applicable (If Registered Agent signature required then recording)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, JOHN T JR 410 KINGSTON STREET SOUTH ST. PETERSBURG FL 33711	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, HENRY JR. 16125 ANCROFT CT. TAMPA FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIMES, KATIE M 2447-17TH AVE S. ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LAVIND, INEZ A 2447 COVINA WAY SOUTH SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, BARBARA E.W. 2234-16TH AVE. S. ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>JOHN T BAKER JR Pres.</u> <u>06/10/2006</u> (727) 327-1734 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone</small>					