

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761795

FILED
Sep 03, 2008
Secretary of State

Entity Name: GIBBS CLASS OF 49, INC.

Current Principal Place of Business:

410 KINGSTON STREET SOUTH
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

410 KINGSTON STREET SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKER, JOHN T JR
Address: 410 KINGSTON STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VP () Delete
Name: JONES, HENRY JR.
Address: 16125 ANCROFT CT.
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: GRIMES, KATIE M
Address: 2447-17TH AVE S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: RSD () Delete
Name: LAVIND, INEZ A
Address: 2447 COVINA WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: LEWIS, BARBARA E.W.
Address: 2234-16TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CUTLIFF, MAMIE
Address: 2220 - 19TH AVE. SO.
City-St-Zip: ST. PETERSBURG, FL 33712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HENRY JONES JR.

VP

09/03/2008

Electronic Signature of Signing Officer or Director

Date