


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N0000002113</b> 1. Entity Name <b>GAMBLE PLANTATION PRESERVATION ALLIANCE, INC.</b>	
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FILED  
 07 MAR 19 PM 3:25  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 3708 PATTEN AVE ELLENTON, FL 34222		Mailing Address 3708 PATTEN AVE ELLENTON, FL 34222	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0997384</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARTLIEB, JUNE 3708 PATTEN AVE ELLENTON, FL 34222			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DALY, BEATRICE <input type="checkbox"/> Delete	TITLE	VP Boling, Elizabeth J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7406 49TH AVENUE EAST	NAME	1103 39 <sup>th</sup> Street W
STREET ADDRESS	BRADENTON, FL 34203	STREET ADDRESS	Bradenton, FL 34205-1645
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DORIS	NAME	Wright, Doris
STREET ADDRESS	1912 72ND STREET NW	STREET ADDRESS	1912 72 <sup>nd</sup> Street NW
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	Bradenton, FL #4209
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREER, BUBBLES	NAME	Rudin, A (Bud)
STREET ADDRESS	4504 60TH STREET WEST	STREET ADDRESS	6720 Willow Grouse Court
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	Bradenton, FL 34203
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALY, ROBERT	NAME	Bergeron, Stephanie
STREET ADDRESS	7406 49TH AVENUE EAST	STREET ADDRESS	3708 Patten Avenue
CITY-ST-ZIP	BRADENTON, FL 34203	CITY-ST-ZIP	Ellenton, FL 34222
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGGERS, ANN A	NAME	Hartlieb, June
STREET ADDRESS	3352 SEA VIEW STREET	STREET ADDRESS	6610 Stone River Road
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	Bradenton, FL 34203
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLING, ELIZABETH	NAME	<b>See Attached List for Remaining Additions</b>
STREET ADDRESS	1103 39TH STREET WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34205	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Beatrice A. Daly BEATRICE A. DALY, PRESIDENT 1/18/07 941-751-3415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #