


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90006 033 \*\*\*\*61.25

DOCUMENT # N02000000577					
1. Entity Name GIBB SPRINGFIELD VILLAGE INC.					
Principal Place of Business 300 MABRY ST. TALLAHASSEE, FL 32304			Mailing Address 300 MABRY ST. TALLAHASSEE, FL 32304		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARLICK, DONNA 300 MABRY ST. TALLAHASSEE, FL 32304				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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	P	<input type="checkbox"/> Delete		TITLE	D
NAME	MELTON, W. CALVIN			NAME	Gary Bliss
STREET ADDRESS	451 CEDARHILL RD.			STREET ADDRESS	75 Walker Creek Drive
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	Tallahassee, FL 32327
TITLE	V	<input type="checkbox"/> Delete		TITLE	D
NAME	KITTERMAN, LESLIE			NAME	Chris Klena
STREET ADDRESS	969 MEDIEVAL PLACE			STREET ADDRESS	1307 Chocksacka Nene
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D
NAME	GRIFFIN, LINN A			NAME	Shirlee Bowné
STREET ADDRESS	551 W. CAROLINA ST			STREET ADDRESS	1429 Lucy Street
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	ST	<input type="checkbox"/> Delete		TITLE	
NAME	GOODMAN, MARY			NAME	
STREET ADDRESS	217 LIPONA RD.			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	DREW, MITCHELL N JR			NAME	
STREET ADDRESS	1401 OVEN PARK DR			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Mary J. Goodman</i>		Date: <i>2-6-06</i>		Daytime Phone #: <i>850-576-7145</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # EXT 110	