

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000577

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: GIBB SPRINGFIELD VILLAGE INC.

**Current Principal Place of Business:**

300 MABRY ST.  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

300 MABRY ST.  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: 03-0382975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARLICK, DONNA  
300 MABRY ST.  
TALLAHASSEE, FL 32304 US

**Name and Address of New Registered Agent:**

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: MELTON, W. CALVIN  
Address: 451 CEDARHILL RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete  
Name: KITTERMAN, LESLIE  
Address: 969 MEDIEVAL PLACE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D3 ( ) Delete  
Name: BOWNE, SHIRLEY  
Address: 1429 LUCY STREET  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST ( ) Delete  
Name: GOODMAN, MARY  
Address: 217 LIPONA RD.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: BLISS, GARY  
Address: 75 WALKER CREEK DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN CONKLIN

SEC

02/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date