


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90030 008 ****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**

DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
03-0382975 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELTON, W. CALVIN 451 CEDARHILL RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KITTERMAN, LESLIE 969 MEDIEVAL PLACE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D3 BOWNE, SHIRLEY 1429 LUCY STREET TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOODMAN, MARY 217 LIPONA RD. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLISS, GARY 75 WALKER CREEK DR CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mary V. Goodman Mary V. Goodman 1/24/08 850-576-7145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #