2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003534

FILED Mar 20, 2009 Secretary of State

Entity Name: GIBBS GLADIATOR ALUMNI ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 4100 49TH AVENUE SOUTH SAINT PETERSBURG, FL 33711 US **Current Mailing Address: New Mailing Address:** 4100 49TH AVENUE SOUTH SAINT PETERSBURG, FL 33711 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUBIN, MINSON R 4100 49TH AVENUE SOUTH US SAINT PETERSBURG, FL 33711 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RUBIN, MINSON R Name: Name: Address: 4100 49TH AVENUE SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33711 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: JACKSON, RHONDA Name: Address: 775 29TH AVENUE SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33705 US City-St-Zip: Title: () Delete Title: (X) Change () Addition BROWN, LOLITA D Name: BROWN, LOLITA D Name: 3785 30TH STREET SOUTH 3785 30TH AVENUE SOUTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33711 US City-St-Zip: SAINT PETERSBURG, FL 33711 US Title: () Delete Title: () Change () Addition Name: WILLIAMS, JACKIE Name: Address: 5825 LYNN LAKE DRIVE Address: City-St-Zip: SAINT PETERSBURG, FL 33712 US City-St-Zip:

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: MINSON R. RUBIN P 03/20/2009