


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

01-25-2008 90030 003 ****61.25

DOCUMENT # N09262 1. Entity Name GIBB OAKRIDGE VILLAGE, INC.			
Principal Place of Business 300 MABRY STREET TALLAHASSEE, FL 32304		Mailing Address 300 MABRY STREET TALLAHASSEE, FL 32304	
DO NOT WRITE IN THIS SPACE			
		01152008 No Chg-NP CR2E037 (4/06)	
4. FEI Number 59-2550937		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELFER, FRED G JR 300 MABRY STREET 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	ST		
NAME	GOODMAN, MARY		
STREET ADDRESS	217 LIPONA ROAD		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		
TITLE	D		
NAME	BLISS, GARY		
STREET ADDRESS	75 WALKER CREEK DR		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		
TITLE	V		
NAME	KITTERMAN, LESLIE		
STREET ADDRESS	969 MEDIEVAL PLACE		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		
TITLE	D		
NAME	BOWNE, SHIRLEY		
STREET ADDRESS	1429 LUCY STREET		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
TITLE	P		
NAME	MELTON, CALVIN		
STREET ADDRESS	451 CEDAR HILL RD		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		
TITLE			
NAME			
STREET ADDRESS			
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: <u>Mary V. Goodman</u> Mary V. Goodman		1/24/08 850-576-7145	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	