

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42307

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** GIBB MARIANNA VILLAGE, INC.

**Current Principal Place of Business:**

300 MABRY ST.  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 MABRY ST.  
TALLAHASSEE, FL 32304 US

**New Mailing Address:**

**FEI Number:** 59-3068327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELFER, FRED G JR.  
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  
Name: MELTON, CALVIN  
Address: 415 CEDAR HILL RD  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP  
Name: KITTERMAN, LESLIE  
Address: 969 MEDIEVAL PL  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D  
Name: BOWNE, SHIRLEE  
Address: 1429 LUCY ST  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: ST  
Name: HARTER, BRUCE  
Address: 1109 WINIFRED DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308 US

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN CONKLIN

SEC

01/19/2011

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

\_\_\_\_\_  
Date