## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2006 8:00 am Secretary of State

DOCUMENT # N42441  1. Entity Name GIBB MABRY VILLAGE, INC.					02-08-2006 90016 008 ****61.25				61.25	
Principal Place of Business Mailing Address 300 MABRY ST. 300 MABRY ST. TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304									11(#1 <b>8</b> ) 1881	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-NP	CR2E	037 (11/05)		
City & State		City & State			4. FEI Numbe 59-304				oplied For	
Žip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	ditional	
_	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	/ Registered			
0115155	F050 0 ID		Nam	9	<del></del>					
SHELFER, FRED G JR 300 MABRY STREET TALLAHASSE, FL 32304				Street Address (P.O. Box Number is Not Acceptable)						
	,									
			City		FL Zip Code					
8. The above the obligat	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registered offic	or register	ed agent, or bot	h, in the State of	Florida. Lar	n familiar with,	and accept	
SIGNATURE										
ļ	Signature, typed or printed name of registered agent	t and title if applicable. (NOT)	E: Registered Agent si	nature required	when reinstating)		DATE			
	Filing Fee is \$61.25		npaign Financin	-	\$5.00 May B	e Fi	Make che	ck payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (	npaign Financin Contribution.	9 🗆	\$5.00 May B Added to Fees	FI	Make che lorida Depa	ck payable t artment of S	tate	
10.	Filing Fee is \$61.25	9. Election Car Trust Fund C	npaign Financin Contribution.	9 🗆	\$5.00 May B Added to Fees ADDITIONS/CH	e FI	Make che lorida Depa	ck payable t artment of S	tate N 10	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI ST GOODMAN, MARY 217 LIPONA RD TALLAHASSEE, FL 32304 D BLISS, GARY	9. Election Car Trust Fund C	mpaign Financin Contribution.  11.  TITLE NAME STREET ADDRE CITY-ST-ZIP  TITLE NAME	Pre Cal 451 Tal VP Les	\$5.00 May B Added to Fees ADDITIONS/CH sident vin Melt Cedar H lahassee	ANGES TO OFFICE On [ill Road e, FL 323	Make che lorida Depi CERS AND [	ck payable t artment of S	tate N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  ST GOODMAN, MARY 217 LIPONA RD TALLAHASSEE, FL 32304 D BLISS, GARY 75 WALKER CREEK DR	9. Election Car Trust Fund C RECTORS	npaign Financin Contribution.  11.  TITLE NAME STREET ADDRE CITY-ST-ZIP  TITLE NAME STREET ADDRE	Pre Cal 451 Tal VP Less 969	\$5.00 May B Added to Fees ADDITIONS/CH. sident vin Melt Cedar H lahassee lie Kitt	ANGES TO OFFICE Con Sill Road 2, FL 323 Cerman 11 Place	Make che lorida Depa CERS AND I	ck payable t artment of S DIRECTORS IN 12t Change	tate N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006  ST GOODMAN, MARY 217 LIPONA RD TALLAHASSEE, FL 32304 D BLISS, GARY 75 WALKER CREEK DR CRAWFORDVILLE, FL 32327	9. Election Car Trust Fund C RECTORS  Detete	npaign Financin Contribution.  11.  TITLE NAME STREET ADDRE CITY-ST-ZIP  TITLE NAME STREET ADDRE CITY-ST-ZIP	Pre Cal 451 Tal VP Les 969 Tal	\$5.00 May B Added to Fees ADDITIONS/CH. sident vin Melt Cedar H lahassee lie Kitt	ANGES TO OFFICE On [ill Road e, FL 323	Make che lorida Depa CERS AND I	ck payable t artment of S DIRECTORS IN 13 Change	tate  √ 10  Addition  Addition	
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-06

850-576-7145 Dayime Proce # PV 11