

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

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

01-25-2008 90030 004 ****61.25

DOCUMENT # N42441

1. Entity Name
GIBB MABRY VILLAGE, INC.



Principal Place of Business
**300 MABRY ST.
TALLAHASSEE, FL 32304**

Mailing Address
**300 MABRY ST.
TALLAHASSEE, FL 32304**

40010340



01152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3044869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHELTER, 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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
**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
**VP
KITTERMAN, LESLIE
.969 MEDIEVAL PLACE
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MELTON, CALVIN
451 CEDAR HILL RD
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOWNE, SHIRLEY
1429 LUCY STREET
TALLAHASSEE, FL 32308**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary V. Goodman

1/24/08

Date

850-576-7145

Daytime Phone #