

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

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

01-25-2008 90030 050 \*\*\*\*61.25

**DOCUMENT # N43605**

1. Entity Name  
**GIBB GULF COAST VILLAGE, INC.**



Principal Place of Business  
**300 MABRY STREET  
TALLAHASSEE, FL 32304**

Mailing Address  
**300 MABRY STREET  
TALLAHASSEE, FL 32304**

4001000



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3071574**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHELPER, 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  
**P  
MELTON, CALVIN  
451 CEDAR HILL RD  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BLISS, GARY  
75 WALKER CREED DR  
CRAWFORDVILLE, FL 32327**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GOODMAN, MARY  
217 LIPONA ROAD  
TALLAHASSEE, FL 32304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KITTERMAN, LESLIE  
969 MEDIEVAL PL  
TALLAHASSEE, FL 32301**

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 Mary V. Goodman

Date

Daytime Phone #

1/24/08 850-576-7145