

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43605

FILED
Mar 25, 2009
Secretary of State

Entity Name: GIBB GULF COAST VILLAGE, INC.

Current Principal Place of Business:

300 MABRY STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

300 MABRY STREET
TALLAHASSEE, FL 32304 US

Current Mailing Address:

300 MABRY STREET
TALLAHASSEE, FL 32304

New Mailing Address:

300 MABRY STREET
TALLAHASSEE, FL 32304 US

FEI Number: 59-3071574

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 STREET
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 () Delete
Name: MELTON, CALVIN
Address: 451 CEDAR HILL RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BLISS, GARY
Address: 75 WALKER CREED DR
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: ST () Delete
Name: GOODMAN, MARY
Address: 217 LIPONA ROAD
City-St-Zip: TALLAHASSEE, FL 32304

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MELTON, CALVIN
Address: 451 CEDAR HILL RD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D (X) Change () Addition
Name: BLISS, GARY
Address: 75 WALKER CREED DR
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D (X) Change () Addition
Name: BOWNE, SHIRLEE
Address: 1429 LUCY ST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: ST (X) Change () Addition
Name: HARTER, BRUCE
Address: 1109 WINIFRED DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP (X) Change () Addition
Name: KITTERMAN, LESLIE
Address: 969 MEDIEVAL PL
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN CONKLIN

SEC

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date