FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

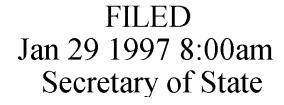
Secretary of State DIVISION OF CORPORATIONS

N9400002073 (4) DOCUMENT

THE ROBIN MICHELLE GIBSON FOUNDATION, INC.

Principal Place of Business

Mailing Address





802 COLDWATER DRIVE CASSELBERRY FL 32707		802 COLDWATER DRIVE CASSELBERRY FL 32707-5412						
					3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last 1	Report 196	
2. Principal Place of Business		28. Mailing Address		4. FEI Number	l la	pplied For		
21		26 1095 Torren Pt		59-3266758		lot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		F 0. 25 4 (0.4 5 i.4	□ \$8.75	Additional	
22		27	27		5. Certificate of Status Desired	Fee R	lequired	
City & State		City & State 28 (LONGUA FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for it	ntangible tax under :	s. 199.032,	
24	25	29 32732 30	•			Yes 🖾 No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			B1 Nai	me				
GIBSON, BLEN F			82 Street Address (P.O. Box Number is Not Acceptable)					
802 COLDWATER DRIVE								
CASSEL	BERRY FL 32707		B3					
			84 City	v		—. 85 Zip	Code	
						- FL `		
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes,	the above-nan	ned corp	poration submits this statement for the pu	urpose of changing	its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the Blate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam artifular with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	en enve	en						
	Signature, typed or printed name of registered age:			ature requ	ured when reinstating)	DATE	DO 141 40	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	T	ADDITIONS/CHANGES TO OFFIC	Change	Addition	
NAME	GIBSON, BLEN F		1.2 NAME			E⊒ Crange	- Addition Li	
STREET ADDRESS	802 COLDWATER DR		1.3 STREET ADDRE		095 Tornen Pt			
· I	CASSELBERRY FL			222 1	1 1 20020			
CITY-ST-ZIP TITLE	VPD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	$+\alpha$	ienova, FL 32732	Change	Addition	
NAME	DAVIDSON, RONALD		2.2 NAME					
STREET ADDRESS	1835 OAK LANE			ec 26	905 Wren			
CITY-ST-ZIP	ORLANOD FL		2 4 CITY-ST-ZIP	33 V	rLando, F1 32803			
TITLE	TD	☐ DELETE	31 TITLE	- 101	1-1 3 8 80 3	Change	Addition	
NAME	TYGIELSKY, DOUGLAS		3.2 NAME					
STREET ADDRESS	701 E WASHINGTON ST		3.3 STREET ADDRE	-ss				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRE	SS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	51 TAILE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRE	SS				
CITY-ST-ZIP			54 CITY-ST-ZIP					
TITLE		☐ DELETE	61 TITLE			☐ Change	Addition	
NAME			6.2 NAME	- [
STREET ADDRESS			63 STREET ADDRE	ss				
CITY-ST-ZIP			64 CITY-ST-ZIP					

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed on one attachment with an address.