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Jan 29 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002073 (4)

1. Corporation Name

THE ROBIN MICHELLE GIBSON FOUNDATION, INC.



Principal Place of Business

Mailing Address

802 COLDWATER DRIVE
CASSELBERRY FL 32707802 COLDWATER DRIVE
CASSELBERRY FL 32707-54123. Date Incorporated or Qualified
04/25/19943a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

1095 Torren Pt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Geneva FL

Zip

Country

Zip

Country

24

25

29

32732

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBSON, BLEN F
802 COLDWATER DRIVE
CASSELBERRY FL 32707

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME GIBSON, BLEN F
STREET ADDRESS 802 COLDWATER DR
CITY-ST-ZIP CASSELBERRY FLTITLE VPD ☐ DELETENAME DAVIDSON, RONALD
STREET ADDRESS 1835 OAK LANE
CITY-ST-ZIP ORLANDO FLTITLE TD ☐ DELETENAME TYGIELSKY, DOUGLAS
STREET ADDRESS 701 E WASHINGTON ST
CITY-ST-ZIP ORLANDO FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1095 Torren Pt

Geneva, FL 32732

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3905 Wren

Orlando, FL 32803

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

CR2E037 (9/96)