

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001552

FILED
Feb 05, 2007
Secretary of State

Entity Name: GIBB THOMASVILLE VILLAGE, INC.

Current Principal Place of Business:

300 MABRY STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

300 MABRY STREET
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-3370153

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 32308 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: VP () Delete
Name: KITTERMAN, LESLIE
Address: 969 MEDIEVAL PL
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BLISS, GARY
Address: 75 WALKER CREEK DRIVE
City-St-Zip: TALLAHASSEE, FL 32327

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

Title: D (X) Delete
Name: CHRIS, KLENA
Address: 1307 CHOCSACKA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WILLIAM M. GRAHAM,
Address: 300 MABRY ST.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the 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

02/05/2007

Electronic Signature of Signing Officer or Director

Date