

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90020 029 ****61.25

DOCUMENT # N97000000227

1. Entity Name
GIBB BAINBRIDGE VILLAGE, INC.



40009796



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3423273

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHELFER, FRED C JR.
300 MABRY ST
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	GOODMAN, MARY	
STREET ADDRESS	217 LIPONA ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DREW, MITCHELL	
STREET ADDRESS	1401 OVEN PARK DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLISS, GARY	
STREET ADDRESS	75 WALKER CREEK DR	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLENA, CHRIS	
STREET ADDRESS	1307 CHOCKSACKA NEN	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MELTON, CALVIN	
STREET ADDRESS	451 CEDAR HILL ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calvin Melton	
STREET ADDRESS	451 Cedar Hill Road	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie Kitterman	
STREET ADDRESS	969 Medieval Place	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Bowne	
STREET ADDRESS	1429 Lucy Street	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-06

850-576-9145

ext 110