

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000227

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: GIBB BAINBRIDGE 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: 59-3423273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHELTER, FRED C JR.  
300 MABRY ST  
TALLAHASSEE, FL 32304 US

## Name and Address of New Registered Agent:

SHELTER, FRED G JR.  
300 MABRY ST  
TALLAHASSEE, FL 32304 US

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: FRED C. SHELTER, JR.

02/05/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: P ( ) Delete  
Name: MELTON, CALVIN  
Address: 431 CEDAR HILL RD  
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: D ( ) Delete  
Name: KLENA, CHRIS  
Address: 1307 CHOCKSACKA NEN  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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