

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002113

Entity Name: GAMBLE PLANTATION PRESERVATION ALLIANCE, INC.**Current Principal Place of Business:**3708 PATTEN AVE
ELLENTON, FL 34222**Current Mailing Address:**3708 PATTEN AVE
ELLENTON, FL 34222**FEI Number:** 65-0997384**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JESSEE, GAIL
3708 PATTEN AVE
ELLENTON, FL 34222 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	JESSEE, GAIL
Address	3708 PATTEN AVE.
City-State-Zip:	ELLENTON FL 34222

Title	SD
Name	WALKER, LORI
Address	3708 PATTEN AVE
City-State-Zip:	ELLENTON FL 34222

Title	DIRECTOR
Name	TRIPLETT, TRAVIS
Address	10015 N. 25TH STREET
City-State-Zip:	TAMPA FL 33612

Title	DIRECTOR
Name	MCLAUGHLIN, DANIEL MR.
Address	3510 13TH STREET EAST
City-State-Zip:	ELLENTON FL 34222

Title	VD
Name	DALY, BEATRICE A
Address	7360 55TH AVENUE EAST APT. #250
City-State-Zip:	BRADENTON FL 34203-8102

Title	TD
Name	DALY, ROBERT A
Address	7360 55TH AVENUE EAST APT. #250
City-State-Zip:	BRADENTON FL 34203-8102

Title	DIRECTOR
Name	SILPA, FELICIA
Address	4124 29TH STREET EAST
City-State-Zip:	PALMETTO FL 34221

Title	DIRECTOR
Name	EGGERS, ANN B. MRS.
Address	1254 KIRKWOOD LANE
City-State-Zip:	SARASOTA FL 34232

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: BEATRICE A. DALY**VICE PRESIDENT****01/02/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEIGHTON, GUY
Address PO BOX 294
 31 ISLAND COURT
City-State-Zip: TERRIA CEIA FL 34250

Title DIRECTOR
Name MULLIKIN, JEFFRY
Address 8613
City-State-Zip: PARRISH FL 34219