

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003408

Entity Name: 1963 GIBBS ALUMNI, INC.**Current Principal Place of Business:**3414 EASTMONTE DR
VALRICO, FL 33596-6086**Current Mailing Address:**3414 EASTMONTE DR
VALRICO, FL 33596-6086**FEI Number:** 27-2448512**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WHITEHEAD, ELLANORA D
3414 EASTMONTE DR
VALRICO, FL 33596-6086 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	P
Name	PERRY, ROBERT SR.
Address	775 29TH AVENUE SOUTH
City-State-Zip:	ST PETERSBURG FL 33705

Title	VP
Name	WHITEHEAD, ELLANORA
Address	3414 EASTMONTE DR
City-State-Zip:	VALRICO FL 33596-6086

Title	T
Name	MACON, MAJOR
Address	208 POMPANO DR SE
City-State-Zip:	ST. PETERSBURG FL 33705

Title	S
Name	PATTERSON, DOROTHY J
Address	847 HILLSIDE COURT S
City-State-Zip:	ST PETERSBURG FL 33705

Title	S
Name	LAMBERT, OLIVIA H
Address	6250 - 19 STREET S
City-State-Zip:	ST PETERSBURG FL 33712

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: ELLANORA D. WHITEHEAD

VICE PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail_____
Date