2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State
05-26-2004 90005 035 ****70.00

DOCUMENT # N94000005299

1. Entity Name
BIG BEND MINORITY ENTERPRISE DEVELOPMENT WEEK COMMITTEE, INC.

Principal Place of Business	Mailing Address
300 S. ADAMS STREET TALLAHASSEE, FL 32301	P.O. BOX 809 TALLAHASSEE, FL 32301

05212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3264811 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, BEN 300 S. ADAMS STREET TALLAHASSEE, FL 32302	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 _____ Ben Harris 5/24/04
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 September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HARRIS, BEN 300 S. ADAMS STREET., MAILBOX A-11 TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, LEON 3800 COMMONWEALTH BLVD., MS87 TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAFFINGTON, LATONYA 300 S. ADAMS STREET TALLAHASSEE, FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition S Raffington, LaTanya 300 S. Adams Street, Mailbox A-11 Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EARNEST, DANA 300 S. ADAMS STREET, MAILBOX A-11 TALLAHASSEE, FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Suhr, George 300 S. Adams Street, Mailbox A-11 Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, BYRON 2757 W. TENNESSEE STREET TALLAHASSEE, FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSE-SALTERS, AGATHA 2284 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Ben Harris 5/24/04 (850) 891-8184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #