

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735175

FILED
Jan 12, 2009
Secretary of State

Entity Name: 2-1-1 BIG BEND, INC.

Current Principal Place of Business:

2825 MUNICIPAL WAY
TALLAHASSEE, FL 323043807 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10950
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 51-0201771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAYWARD & GRANT, P.A.
2121-G KILLARNEY WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

KING, KIMBERLY
3653 CAGNEY DRIVE
SUITE 202
TALLAHASSEE, FL 32309 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: KIMBERLY KING

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHM () Delete
Name: SNYDER, NEIL
Address: 2557 BISHOP'S GREEN TRL
City-St-Zip: TALLAHASSEE, FL 32312

Title: VCHM () Delete
Name: WEBB, JOHN
Address: 3789 OVERLOOK DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: GRAYBAR, BEN
Address: 3175 FERN GLENS DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: PHELPS, NANCY
Address: 2707 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: P () Delete
Name: NICKLAUS, RANDALL S
Address: 4482 ARGYLE LN
City-St-Zip: TALLAHASSEE, FL 32309

Title: CHME (X) Delete
Name: LONGMAN, ANNE
Address: 1510 ARGONNE RD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHM (X) Change () Addition
Name: LONGMAN, ANNE
Address: 1510 ARGONNE RD
City-St-Zip: TALLAHASSEE, FL 32308

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

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Name:
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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 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: RANDALL S NICKLAUS

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date