

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735250

FILED
Feb 02, 2009
Secretary of State

Entity Name: BELLE GLADE BICENTENNIAL COMMITTEE, INC.

Current Principal Place of Business:

949 S.E. 4TH ST.
POST OFFICE BOX 572
BELLE GLADE, FL 33430

New Principal Place of Business:

949 S.E. 4TH ST.
BELLE GLADE, FL 33430

Current Mailing Address:

949 S.E. 4TH ST.
POST OFFICE BOX 572
BELLE GLADE, FL 33430

New Mailing Address:

P.O. BOX 572
BELLE GLADE, FL 33430

FEI Number: 59-1709618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND,FRANCES R
949 S.E. 4TH STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

HAND,FRANCES R
949 S.E. 4TH STREET
BELLE GLADE, FL 33430 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: FRANCES R. HAND

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAND,FRANCES R,
Address: 949 S.E. 4TH STREET
City-St-Zip: BELLE GLADE FL,

Title: D () Delete
Name: WOOD, BEA,
Address: 916 N.W. 4TH ST.
City-St-Zip: BELLE GLADE FL,

Title: D () Delete
Name: ORSENIGO, JOSEPH R
Address: 101 SE 7TH STREET NORTH
City-St-Zip: BELLE GLADE, FL 33430

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:

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: FRANCES R. HAND

PD

02/02/2009

Electronic Signature of Signing Officer or Director

Date