

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90101 035 ****61.25

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DOCUMENT # 759839 1. Entity Name BIG BEND FOOTBALL OFFICIALS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1306 TALLAHASSEE, FL 32302-1306			Mailing Address P.O. BOX 1306 TALLAHASSEE, FL 32302-1306		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIENTA, DAVID A 1206 BRECKENRIDGE RUN TALLAHASSEE, FL 32311			Name MARK KAGY Street Address (P.O. Box Number is Not Acceptable) 3606 N. JEFFERSON ST. City TALLAHASSEE FL Zip Code 32344		
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 MARK KAGY, SECRETARY		 <small>(NOTE: Registered Agent signature required when changing)</small>		DATE 4/17/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP	<input type="checkbox"/> Delete	TITLE	MARK KAGY S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLAND, DANNY		NAME	MARK KAGY	
STREET ADDRESS	30 STOKLEY RD		STREET ADDRESS	3606 N. JEFFERSON ST.	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		CITY - ST - ZIP	MONTICELLO, FL 32344	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAYTON, CAREY		NAME	VAL GOUGH	
STREET ADDRESS	830 WEST JEFFERSON ST.		STREET ADDRESS	1224 ROUTE POINTE DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 32306		CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITMORE, LARRY		NAME	STUART SCOTT	
STREET ADDRESS	1636 TOLAR WHITE ROAD		STREET ADDRESS	301 SE BALBOA DR.	
CITY - ST - ZIP	QUINCY, FL 32351		CITY - ST - ZIP	MADISON, FL 32340	
TITLE	DML	<input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIDDLE, JIM		NAME	SHERY CLEMENS	
STREET ADDRESS	3361 DRY CREEK DRIVE		STREET ADDRESS	1105 SANDRINGHAM DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 32308		CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIENTA, DAVID A		NAME	RON CHRISTEN	
STREET ADDRESS	1206 BRECKENRIDGE RUN		STREET ADDRESS	103 RATHBONE DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 32311		CITY - ST - ZIP	CRAWFORDVILLE, FL 32307	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: MARK KAGY					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/17/06 Daytime Phone # 850-556-6260		