

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

**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



01292007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2190894</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KAGY, MARK  
3606 N JEFFERSON ST  
MONTICELLO, FL 32344

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAGY, MARK 3606 N JEFFERSON ST MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOUGH, VAL 1224 ROMIS POINTE DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUART, SCOTT 301 SE BALED A DR MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLEMONS, SHERRY 1105 SANDRINGHAM DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTEN, RON 103 RATHBONE DR CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000636503  
02/26/07-80022-006 61.25

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IN THIS SPACE**

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* **MARK KAGY**

*1/29/07* (850) 997-1640