


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 760503
 1. Entity Name
FLORIDA'S BIG BEND CLUB OF INDEPENDENT TELEPHONEPIONEERS, INC.



Principal Place of Business % NANCY SCHNITZER 1313 BLAIR STONE RD, P O BOX 2214 TALLAHASSEE, FL 32301	Mailing Address % NANCY SCHNITZER 1313 BLAIR STONE RD, P O BOX 2214 TALLAHASSEE, FL 32301
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02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-1254610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 SCHNITZER, NANCY R
 1313 BLAIR STONE RD.
 TALLAHASSEE, FL 32301

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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	VP REED, AIMEE 1313 BLAIRSTONE RD TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, EVERETT 1610 CARRUTHERS ST TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNITZER, NANCY R 1313 BLAIR STONE RD. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORWOOD, DON 1325 BLAIRSTONE RD TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, ALTON 1313 BLAIRSTONE RD TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASTERTON, SUSAN 930 MAPLEWOOD AVE TALLAHASSEE, FL 32303

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 02/16/07-80033-018 61.25

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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: Nancy R Schnitzer 2/5/07 850-599-1276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #