


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90010 017 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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			7. Name and Address of New Registered Agent		
SCHNITZER, NANCY R 1313 BLAIR STONE RD. TALLAHASSEE, FL 32301			Name		
			Street Address (P O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature (typed or printed name of registered agent, and if applicable) (NOTE: Registered Agent Signature required when restoring) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, AIMEE		NAME	Reed, Aimee	
STREET ADDRESS	1313 BLAIRSTONE RD		STREET ADDRESS	1313 Blair Stone Road	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, EVERETT		NAME		
STREET ADDRESS	1610 CARRUTHERS ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNITZER, NANCY R		NAME	Schnitzer, Nancy R.	
STREET ADDRESS	1313 BLAIR STONE RD.		STREET ADDRESS	2005 Wildridge Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORWOOD, DON		NAME	Tucker, Ann	
STREET ADDRESS	1325 BLAIRSTONE RD		STREET ADDRESS	196 Tower Road	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Panacea, FL 32346	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ALTON		NAME	Hollis, Becky	
STREET ADDRESS	1313 BLAIRSTONE RD		STREET ADDRESS	1313 Blair Stone Road	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERTON, SUSAN		NAME		
STREET ADDRESS	930 MAPLEWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		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: <u>Nancy R Schnitzer</u>		NANCY Schnitzer		7/23/08 850-562-3416	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	