

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760503

FILED
Mar 16, 2009
Secretary of State

Entity Name: FLORIDA'S BIG BEND CLUB OF INDEPENDENT TELEPHONEPIONEERS, INC.

Current Principal Place of Business:

% NANCY SCHNITZER
1313 BLAIR STONE RD, P O BOX 2214
TALLAHASSEE, FL 32301

New Principal Place of Business:

% NANCY SCHNITZER
2005 WILDRIDGE DRIVE
TALLAHASSEE, FL 32303

Current Mailing Address:

% NANCY SCHNITZER
1313 BLAIR STONE RD, P O BOX 2214
TALLAHASSEE, FL 32301

New Mailing Address:

% NANCY SCHNITZER
2005 WILDRIDGE DRIVE
TALLAHASSEE, FL 32303

FEI Number: 52-1254610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNITZER, NANCY R
1313 BLAIR STONE RD.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SCHNITZER, NANCY R
2005 WILDRIDGE DRIVE
TALLAHASSEE, FL 32303 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:

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REED, AIMEE
Address: 1313 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MATTHEWS, EVERETT
Address: 1610 CARRUTHERS ST
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: SCHNITZER, NANCY R
Address: 2005 WILDRIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: TUCKER, ANN
Address: 196 TOWER ROAD
City-St-Zip: PANACEA, FL 32346

Title: VP () Delete
Name: HOLLIS, BECKY
Address: 1313 BLAIRSTONE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: MASTERTON, SUSAN
Address: 930 MAPLEWOOD AVE
City-St-Zip: TALLAHASSEE, FL 32303

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:

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: NANCY SCHNITZER

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date