

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04043

FILED
Mar 20, 2009
Secretary of State

Entity Name: BIG BEND CRIME STOPPERS, INC.

Current Principal Place of Business:

1801 NORTH MERIDIAN ROAD
SUITE A
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 938
TALLAHASSEE, FL 323020938 US

New Mailing Address:

FEI Number: 59-2485578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUCKS, ALLEN D EX DIR
1801 NORTH MERIDIAN ROAD
SUITE: A
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTLETON, CHARLES PRES.
Address: 2049 FOSHALEE DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: T () Delete
Name: DENNIS, VITALIS TRE.
Address: 2217 GREENWICH WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: DIR. () Delete
Name: WHITE, LARRY K DIR.
Address: 746 RIGGINS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC. () Delete
Name: BROWN, KAREN E SEC.
Address: 2607 AUGUSTINE CREEK TRACE
City-St-Zip: TALLAHASSEE, FL 32311

Title: DIR. () Delete
Name: OFUANI, SHARON L DIR.
Address: 1900 VINELAND LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: DIR () Delete
Name: LACOMBE, RICHARD J DIR
Address: 8090 ARCHER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DENNIS, VITALIS DIR.
Address: 2217 GREENWICH WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: DIR. (X) Change () Addition
Name: WHITE, LARRY K TRE.
Address: 746 RIGGINS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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: ALLEN D. STUCKS, SR.

E D

03/20/2009

Electronic Signature of Signing Officer or Director

Date