

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003826

FILED
Jan 10, 2012
Secretary of State

Entity Name: BIG BEND SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

Current Principal Place of Business:

2417 MILL CREEK CT.
SUITE 3
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

3059 HIGHLAND OAKS TERRACE
TALLAHASSEE, FL 32301 US

Current Mailing Address:

PO BOX 14867
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 20-3458124 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WATKINS, MIRIAM
3456 EXMOUTH LANE
TALLAHASSEE, FL 32317 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
Name: HIRAGA, PRIYA
Address: P. O. BOX 14867
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: T
Name: WRIGHT, SARAH
Address: P. O. BOX 14867
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: PE
Name: SCHULTE, ANN
Address: P. O. BOX 14867
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: S
Name: SUZANNE, HUDSON
Address: P. O. BOX 14867
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D
Name: ELDRED, TAMMIE
Address: P. O. BOX 14867
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D
Name: CLYNE, POLICIA
Address: P. O. BOX 14867
City-St-Zip: TALLAHASSEE, FL 32317

I hereby 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 all other like empowered.

SIGNATURE: SARAH WRIGHT

T

01/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date