

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005918

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: BIG BEND BOULE CLUB, INC.

## Current Principal Place of Business:

2428 MONACO DRIVE  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

2428 MONACO DRIVE  
TALLAHASSEE, FL 32308 US

## Current Mailing Address:

2428 MONACO DRIVE  
TALLAHASSEE, FL 32308

## New Mailing Address:

2428 MONACO DRIVE  
TALLAHASSEE, FL 32308 US

FEI Number: 74-3147456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEEKLEY, ALAN  
2428 MONACO DRIVE  
TALLAHASSEE, FL 32308 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: WEEKLEY, ALAN  
Address: 2428 MONACO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete  
Name: BANKS, JAMES C  
Address: 645 FOREST LAIR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: VIVIER, PIERRE  
Address: 3534 MACLAY BLVD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: GILES, BILL  
Address: HANGING VINE WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: CALDER, FRED  
Address: 3740 RAVINE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN WEEKLEY

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date