2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N05000005918

Entity Name: BIG BEND BOULE CLUB, INC.

Current Principal Place of Business:

2428 MONACO DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2428 MONACO DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

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: FOLSOM, DAVID
Address: 3514 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: DORSEY, KARA
Address: 6064 THACKERY DR
City-St-Zip: TALLAHASSEE, FL 32301

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 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 03/26/2009
Electronic Signature of Signing Officer or Director — Date