


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90199 007 \*\*\*\*70.00

|  |   |
|--|---|
| <b>DOCUMENT # N06000002790</b><br>1. Entity Name<br>BIG BEND BUSINESS LEADERSHIP NETWORK, INC. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>2892 E PK AVE STE 2B<br>TALLAHASSEE, FL 32301 | Mailing Address<br>2892 E PK AVE STE 2B<br>TALLAHASSEE, FL 32301 |
|--|--|

50001420



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

204479335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON RESOURCES, INC.  
2892 E PK AVE STE 2B  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BUTTERS, SARAH        |                                 |
| STREET ADDRESS | 2892 E PK AVE STE 2B  |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301 |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BAKER, RON            |                                 |
| STREET ADDRESS | 2892 E PK AVE STE 2B  |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301 |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | KIMBALL, JEANNE       |                                 |
| STREET ADDRESS | 2892 E PK AVE STE 2B  |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301 |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BROWN, MATT           |                                 |
| STREET ADDRESS | 2892 E PK AVE STE 2B  |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301 |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | CHASTAIN, JOYCE       |                                 |
| STREET ADDRESS | 2892 E PK AVE STE 2B  |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301 |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | EDWARDS, BARBARA      |                                 |
| STREET ADDRESS | 2892 E PK AVE STE 2B  |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeane Kimball*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-07 850-891-8387