

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002790

FILED
Apr 28, 2009
Secretary of State

Entity Name: BIG BEND BUSINESS LEADERSHIP NETWORK, INC.

Current Principal Place of Business:

2892 E PK AVE STE 2B
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2892 E PK AVE STE 2B
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-4479335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON RESOURCES, INC.
2892 E PK AVE STE 2B
TALLAHASSEE, FL 32301 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: CHR () Delete
Name: BUTTERS, SARAH
Address: 315 S. CALHOUN STREET, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BAKER, RON
Address: 545 EAST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: S/TR () Delete
Name: HANSARD, MATTHEW R
Address: 3375-G CAPITAL CIRCLE N.E.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: BYRD, CYNTHIA
Address: 526 N. APPELYARD
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: JACOBSON, DIANE
Address: 1700 SUMMITT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP () Delete
Name: GORMAN, KELLY
Address: P.O.BOX 3606
City-St-Zip: TALLAHASSEE, FL 32315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUTTERS, SARAH
Address: 315 S. CALHOUN STREET, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32301

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: VP (X) Change () Addition
Name: JACOBSON, DIANE
Address: 1700 SUMMITT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: P (X) Change () Addition
Name: LOPEZ, CECILIA A
Address: 2255 KILLEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32309

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: MATTHEW R. HANSARD

S/TR

04/28/2009

Electronic Signature of Signing Officer or Director

Date