

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000811

FILED
Apr 29, 2009
Secretary of State

Entity Name: BIG LAKE OUTREACH PROGRAM, INC.

Current Principal Place of Business:

811 NW 9 AVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

P O BOX 1273
OKEECHOBEE, FL 34972

New Mailing Address:

811 NW 9 AVE
OKEECHOBEE, FL 34972

FEI Number: 20-8991773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLINGHAM, JAMES
664 SW 8TH ST
BELLE GLADE, FL 33430 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: PD () Delete
Name: SMITH, MARION
Address: 725 NE 72ND CIR N
City-St-Zip: OKEECHOBEE, FL 34972

Title: SD () Delete
Name: ELLISON, MARLON
Address: 445 JANICE AVE
City-St-Zip: SOUTH BAY, FL 33493

Title: TD () Delete
Name: WILLIAMS, CLINTON
Address: 402 NE 16TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: BOUIE, VENTRELL
Address: 4980 44TH ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: GOODIN, LEE
Address: 101 PELICAN LAKE AVENUE DR
City-St-Zip: PAHOKEE, FL 33476

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: MARION SMITH

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date