

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000811

FILED  
May 03, 2010  
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:**

811 NW 9 AVE  
OKEECHOBEE, FL 34972

**New Mailing Address:**

**FEI Number:** 20-8991773      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILLINGHAM, JAMES  
664 SW 8TH ST  
BELLE GLADE, FL 33430      US

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  
Name: SMITH, MARION  
Address: 725 NE 72ND CIR N  
City-St-Zip: OKEECHOBEE, FL 34972

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARION SMITH

PD

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date