

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005148

FILED
Mar 06, 2009
Secretary of State

Entity Name: SUSTAINABLE BIG BEND, INCORPORATED

Current Principal Place of Business:

1184 LOWER BRIDGE ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

1184 LOWER BRIDGE ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 26-0277059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTWOOD, PAMELA B
1184 LOWER BRIDGE ROAD
CRAWFORDVILLE, FL 32327 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: HOLCOMB, HEIDI
Address: 422 REHWINKLE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: GIBSON, KATHRYN
Address: 90 SHADY SEA STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: BARFIELD, TAMMIE
Address: 55 SAWGRASS DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: PORTWOOD, PAMELA B
Address: 1184 LOWER BRIDGE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: CHERRY, CHRISTI
Address: 54 CARDINAL COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

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: PAMELA B. PORTWOOD

T

03/06/2009

Electronic Signature of Signing Officer or Director

Date