2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N07000008031

Entity Name: GARDENING FRIENDS OF THE BIG BEND, INC.

Current Principal Place of Business:

155 RESEARCH ROAD
QUINCY, FL 323515677

New Principal Place of Business:

Current Mailing Address:

155 RESEARCH ROAD
QUINCY, FL 323515677

New Mailing Address:

FEI Number: 61-1536660 **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:

KNOX, GARY DR.
NORTH FLORIDA RESEARCH AND EDUCATION CTR
155 RESEARCH ROAD
QUINCY, FL 323515677 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: WILLIAMS, JILL
Address: 509 TORREYA RD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: VP ( ) Delete
Name: WAXGISER, SALLY
Address: PO BOX 160
City-St-Zip: CYPRESS, FL 32432

Title: S ( ) Delete
Name: BRANSON, ROSEMARY
Address: 510 LIVE OAK LANE
City-St-Zip: HAVANA, FL 32333

Title: FS ( ) Delete
Name: MCKENZIE, GENE
Address: 1672 LUTEN RD
City-St-Zip: QUINCY, FL 32351

Title: T (X) Delete
Name: TOOLE, GILES
Address: 807 ELIZABETH DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: GULLEY, YVONNE
Address: 2353 HAMPSHIRE WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: S (X) Change ( ) Addition
Name: CROWELL, JAMES E
Address: 2353 HAMPSHIRE WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change ( ) Addition
Name: TOOLE, GILES
Address: 807 ELIZABETH DR
City-St-Zip: TALLAHASSEE, FL 32303

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: JILL M. WILLIAMS P 05/14/2009

Electronic Signature of Signing Officer or Director — Date