2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N07000008389

Entity Name: GOODWILL INDUSTRIES BIG BEND SERVICES, INC.

Current Principal Place of Business:

300 MABRY STREET
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

300 MABRY STREET
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 26-1106190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELFER, FRED G JR.
300 MABRY STREET
TALLAHASSEE, FL 32304 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: C ( ) Delete
Name: SHELFER, FRED G JR
Address: 300 MABRY STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VC ( ) Delete
Name: ROGERS, RON
Address: 300 MABRY STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete
Name: AKINYEMI, AKIN
Address: 300 MABRY STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AKINYEMI, AKIN
Address: 300 MABRY STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP (X) Change ( ) Addition
Name: ROGERS, RON
Address: 300 MABRY STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: S (X) Change ( ) Addition
Name: MANN, DAVID
Address: 300 MABRY STREET
City-St-Zip: TALLAHASSEE, FL 32304

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: DAVID MANN S 04/01/2009

Electronic Signature of Signing Officer or Director — Date