

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000291

FILED
Apr 15, 2009
Secretary of State

Entity Name: OURREGION TOMORROW, INC.

Current Principal Place of Business:

100 NORTH DUVAL STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1639
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 42-1754058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICK, SUZANNE M
100 NORTH DUVAL STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: HANNA, RANDY
Address: 100 NORTH DUVAL STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SACHS, RON
Address: 114 SOUTH DUVAL STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: TRANSOU, TRIPP
Address: 545 RIVER BIRCH ROAD
City-St-Zip: MIDWAY, FL 32343

Title: D () Delete
Name: SICK, SUZANNE M
Address: 100 NORTH DUVAL STREET
City-St-Zip: TALLAHASSEE, FL 32301

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:

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: SUZANNE M. DICK

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date