

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000291

**FILED**  
**Apr 28, 2011**  
**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:**

115 N. CALHOUN ST  
TALLAHASSEE, FL 32301

**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  
**Name:** HANNA, RANDY  
**Address:** P O BOX 1639  
**City-St-Zip:** TALLAHASSEE, FL 32302

**Title:** D  
**Name:** SICK, SUZANNE M  
**Address:** P O BOX 1639  
**City-St-Zip:** TALLAHASSEE, FL 32302

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:** SUZANNE M. DICK

PRES

04/28/2011

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

\_\_\_\_\_  
Date