

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010629

FILED  
Apr 01, 2010  
Secretary of State

Entity Name: BIG BEND BARKFEST, INC.

**Current Principal Place of Business:**

% SHEPHERD SPRING ANIMAL HOSPITAL  
4815-A COASTAL HIGHWAY  
CRAWFORDVILLE, FL 32326

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1832  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

FEI Number: 27-1250888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIGGS, NORM DR.  
4815-A COASTAL HIGHWAY  
CRAWFORDVILLE, FL 32326 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: PD  
Name: GRIGGS, NORM DR.  
Address: 4815-A COASTAL HIGHWAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VD  
Name: SHUFF, PETRA  
Address: 87 TUPELO DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD  
Name: BROWN, KATHRIE  
Address: 94 DRIFTWOOD DR., P.O. BOX 129  
City-St-Zip: PANACEA, FL 32346

Title: SD  
Name: STARBUCK, MELISSA  
Address: 417 BEECHWOOD DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: KATHIE ANN BROWN

TRES

04/01/2010

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

\_\_\_\_\_ Date