

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000328

FILED
Mar 09, 2012
Secretary of State

Entity Name: THE BIG BEND SCENIC BYWAY CME, INC.

Current Principal Place of Business:

15 CRESCENT WAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

1493 COASTAL HWY
PANACEA, FL 32346

Current Mailing Address:

POST OFFICE BOX 67
PANACEA, FL 32346

New Mailing Address:

FEI Number: 45-4702029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESH, DONALD R
2489 SURF ROAD
PANACEA, FL 32346 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: PRES
Name: SUGGS, DEL
Address: PO BOX 2261
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: TREA
Name: BUTLER, DAVID
Address: POST OFFICE BOX GG
City-St-Zip: CARRABELLE, FL 32322 US

Title: VP
Name: PARTINGTON, DIXIE
Address: 57 7TH STREET
City-St-Zip: APALACHICOLA, FL 32320 US

Title: SEC
Name: LOWRIE, BILL
Address: 175 GERTIE BROWN ROAD
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: DIR
Name: COX, LESLIE
Address: PO BOX CC
City-St-Zip: CARABELLE, FL 32322 US

Title: DIR
Name: GROVE, ANITA
Address: 123 COMMERCE STREET
City-St-Zip: APALACHICOLA, FL 32320 US

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: BILL LOWRIE

SECR

03/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date