

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12354

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** AMERICA'S SECOND HARVEST OF THE BIG BEND, INC.

**Current Principal Place of Business:**

4016 NORTHWEST PASSAGE  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

4016 NORTHWEST PASSAGE  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

**FEI Number:** 59-2610345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHOENIX, CHERYL  
4016 NORTHWEST PASSAGE  
TALLAHASSEE, FL 32303 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: P ( ) Delete  
Name: BROOK, CHRIS  
Address: 605 CHINQUATIN ROAD  
City-St-Zip: TALLAHASSEE, FL 32344

Title: VP ( ) Delete  
Name: MITCHELL, MIAISHA  
Address: 438 W. BREVARD STREET  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: HAINES, GARY  
Address: 1925 N. MONROE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ED ( ) Delete  
Name: PHOENIX, CHERYL  
Address: 4016 NW PASSAGE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete  
Name: MARTIN, SHARON  
Address: 625 E. TENNESSEE STREET  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FRAZIER, SAM  
Address: 217 JOHN KNOX ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DINCMAN, TOLGA  
Address: 2862 ROYAL ISLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

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: CHERYL PHOENIX

ED

01/16/2009

Electronic Signature of Signing Officer or Director

Date