## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED DOCUMENT # N94000005299 BIG BEND MINORITY ENTERPRISE DEVELOPMENT 05 SEP -9 PM 3:33 WEEK COMMITTEE, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 300 S. ADAMS STREET P.O. BOX 809 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09082005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3264811 Applied For City & State City & State Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, BEN Street Address (P.O. Box Number is Not Acceptable) 300 S. ADAMS STREET TALLAHASSEE, FL 32302 City Zip Code Fl 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete TITLE TITLE ☐ Change ☐ Addition HARRIS, BEN NAME NAME 200059781172 20005-01039-014 \*\*70. 300 S. ADAMS STREET., MAILBOX A-11 STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition SCOTT, LEON NAME NAME 3800 COMMONWEALTH BLVD., MS87 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32399 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete RAFFINGTON, LATONYA NAME NAME 300 S. ADAMS ST, MAILBOX A-11 STREET ADDRESS STREET ADDRESS OC. Bother SEP - 9 2005 CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE ☐ Delete ☐ Channe Addition NAME SUHR, GOERGE NAME 300 S. ADAMS STREET, MAILBOX A-11 STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change WILLIAMS, BYRON NAME NAME 2757 W. TENNESSEE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MUSE-SALTERS, AGATHA NAME NAME STREET ADDRESS 2284 MICCOSUKEE ROAD STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #