


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005299					
1. Entity Name BIG BEND MINORITY ENTERPRISE DEVELOPMENT WEEK COMMITTEE, INC.					
Principal Place of Business 300 S. ADAMS STREET TALLAHASSEE, FL 32301			Mailing Address P.O. BOX 809 TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HARRIS, BEN 300 S. ADAMS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 59-3264811				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Signature _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HARRIS, BEN <input type="checkbox"/> Delete 300 S. ADAMS STREET., MAILBOX A-11 TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600106641046 07/24/07--01052--010 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SCOTT, LEON 3800 COMMONWEALTH BLVD., MS87 TALLAHASSEE, FL 32399		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete RAFFINGTON, LATANYA 300 S. ADAMS ST, MAILBOX A-11 TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SUHR, GOERGE 300 S. ADAMS STREET, MAILBOX A-11 TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D George Suhr 300 S. Adams St., A-11 Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete WILLIAMS, BYRON 2757 W. TENNESSEE STREET TALLAHASSEE, FL 32304		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LEE, BRIDGET 4050 ESPLANADE WAY, #380 TALLAHASSEE, FL 32399		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>BEN HARRIS</i> 7/10/07 850-891-8184 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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