


# 2008 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
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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	
FL	Zip Code

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)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	TITLE	
NAME	HARRIS, BEN	NAME	
STREET ADDRESS	300 S. ADAMS STREET., MAILBOX A-11	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SCOTT, LEON	NAME	
STREET ADDRESS	3800 COMMONWEALTH BLVD., MS87	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32399	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	RAFFINGTON, LATANYA	NAME	
STREET ADDRESS	300 S. ADAMS ST, MAILBOX A-11	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SUHR, GEORGE	NAME	
STREET ADDRESS	300 S. ADAMS STREET, MAILBOX A-11	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	WILLIAMS, BYRON	NAME	
STREET ADDRESS	2757 W. TENNESSEE STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LEE, BRIDGET	NAME	
STREET ADDRESS	4050 ESPLANADE WAY, #380	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32399	CITY-ST-ZIP	

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: *L. L. Raffington* DATE: 3/12/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

08 MAR 12 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3264811	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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