

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005299

FILED
Jun 24, 2009
Secretary of State

Entity Name: BIG BEND MINORITY ENTERPRISE DEVELOPMENT WEEK COMMITTEE, INC.

Current Principal Place of Business:

300 S. ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

435 N. MACOMB STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 809
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3264811 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, BEN
300 S. ADAMS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HARRIS, BEN
435 N MACOMB STREET
TALLAHASSEE, FL 32301 US

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: _____

06/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HARRIS, BEN
Address: 300 S. ADAMS STREET., MAILBOX A-11
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SCOTT, LEON
Address: 3800 COMMONWEALTH BLVD., MS87
City-St-Zip: TALLAHASSEE, FL 32399

Title: S () Delete
Name: RAFFINGTON, LATANYA
Address: 300 S. ADAMS ST, MAILBOX A-11
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: WILLIAMS, BYRON
Address: 2757 W. TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: LEE, BRIDGET
Address: 4050 ESPLANADE WAY, #380
City-St-Zip: TALLAHASSEE, FL 32399

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HARRIS, BEN
Address: 435 N MACOMB STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

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

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: BEN HARRIS

C

06/24/2009

Electronic Signature of Signing Officer or Director

Date