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Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001768 (9)

1. Corporation Name

BIG BEND BASKETBALL OFFICIALS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 10407  
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 10407  
TALLAHASSEE FL 32302-24073. Date Incorporated or Qualified  
04/13/19953a. Date of Last Report  
12/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number  
59-3086124

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for Intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEARS, SCOTT  
1908 DOOMER DR.  
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1908 DOOMER

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

SCOTT SEARS

3/4/97

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETEPD  
NAME DRAYTON, CAREY  
STREET ADDRESS 4461 COAL EMERALD DR.  
CITY-ST-ZIP TALLAHASSEE FL 323031.1 TITLE ☒ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS 2280 Indian Springs Ct.  
1.4 CITY-ST-ZIPTITLE ☐ DELETEMD  
NAME ROCKER, RODNEY  
STREET ADDRESS 6604 WAR ADMIRAL TR.  
CITY-ST-ZIP TALLAHASSEE FL 323082.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE ☐ DELETETD  
NAME SEARS, SCOTT  
STREET ADDRESS 1908 DOOMER DR.  
CITY-ST-ZIP TALLAHASSEE FL 323083.1 TITLE ☒ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS SEARS, SCOTT  
3.4 CITY-ST-ZIP 1908 DOOMER DR.TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SCOTT SEARS

3/4/97

891-3946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)