2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004165

FILED Apr 25, 2007 Secretary of State

Entity Name: BIG BEND JOBS AND EDUCATION COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business: 325 JOHN KNOX RD 325 JOHN KNOX RD **BUILDING F-140 BUILDING B-100** TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 **Current Mailing Address:** New Mailing Address: 325 JOHN KNOX RD 325 JOHN KNOX RD **BUILDING F-140 BUILDING B-100** TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 FEI Number: 59-3633062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIMBERLY, MOORE KIMBERLY, MOORE 325 JOHN KNOX RD 325 JOHN KNOX RD **BUILDING F-140 BUILDING B-100** TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 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: MATTHEW SALERA 04/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VCT () Delete () Change () Addition COLLEDGE, BILL Name: Name: 217 NORTH MONROE ST Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: Title: () Delete () Change () Addition FREELAND, ALLEN Name: Name: Address: PO BOX 222 Address: City-St-Zip: ST. MARKS, FL 32355 City-St-Zip: Title: () Delete Title: () Change () Addition MEENAN, TIM Name: Name: 204 SOUTH MONROE STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: CT () Delete Title: () Change () Addition Name: ROUTA, ROBERT Name: Address: PO BOX 1600 Address: City-St-Zip: CRAWFORDVILLE, FL 32326 City-St-Zip: Title: CEO () Delete Title: CEO (X) Change () Addition MOORE, KIMBERLY Name: Name: MOORE, KIMBERLY 325 JOHN KNOX RD BLDG. F-140 325 JOHN KNOX RD BLDG. B-100 Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

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: MATTHEW SALERA CFO 04/25/2007