2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008
Secretary of State

DOCUMENT# N96000004165

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

Current Principal Place of Business:

325 JOHN KNOX RD
BUILDING B-100
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX RD
BUILDING B-100
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3633062 **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:

KIMBERLY, MOORE
325 JOHN KNOX RD
BUILDING B-100
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VCT ( ) Delete
Name: COLLEDGE, BILL
Address: 217 NORTH MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST ( ) Delete
Name: FREELAND, ALLEN
Address: PO BOX 222
City-St-Zip: ST. MARKS, FL 32355

Title: TT ( ) Delete
Name: MEENAN, TIM
Address: 204 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: CT ( ) Delete
Name: ROUTA, ROBERT
Address: PO BOX 1600
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: CEO ( ) Delete
Name: MOORE, KIMBERLY
Address: 325 JOHN KNOX RD BLDG. B-100
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CT (X) Change ( ) Addition
Name: COLLEDGE, BILL
Address: 217 NORTH MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST (X) Change ( ) Addition
Name: KISER-BURCH, PAMELA
Address: 545 RIVER BIRCH ROAD
City-St-Zip: MIDWAY, FL 32343

Title: VCT (X) Change ( ) Addition
Name: MEENAN, TIM
Address: 204 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: TT (X) Change ( ) Addition
Name: BLACK, LYNN
Address: P.O. BOX 222
City-St-Zip: ST. MARKS, FL 32355

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: MATTHEW SALERA CFO 05/22/2008

Electronic Signature of Signing Officer or Director — Date