## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004165

FILED Apr 30, 2009 Secretary of State

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

Jurrent P	rincipal Place	e of Business:	New Principal Pla	CE OT BUSINESS:	
BUILDING	KNOX RD B-100 SSEE, FL 323	03			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
BUILDING	KNOX RD B-100 SSEE, FL 323	03			
El Number	: 59-3633062	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of 0	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
325 JOHN BUILDING	/, MOORE KNOX RD B-100 SSEE, FL 323	03 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR					
SIGNATUF		nic Signature of Registered Ag	ent	Date	
SIGNATUR				Date IGES TO OFFICERS AND DIRECTORS	
OFFICERS Title: lame: kddress:	Electron	TORS: ) Delete ILL DNROE ST			
DFFICER:  ittle: lame: laddress: city-St-Zip: ittle: lame: laddress:	Electron S AND DIRECT CT ( COLLEDGE, B 217 NORTH M TALLAHASSEE	TORS:  ) Delete ILL DNROE ST E, FL 32301  ) Delete I, PAMELA RCH ROAD	ADDITIONS/CHAN Title: Name: Address:	IGES TO OFFICERS AND DIRECTORS	
	Electron  S AND DIRECT  CT ( COLLEDGE, B 217 NORTH M: TALLAHASSEE  ST ( KISER-BURCH 545 RIVER BIF MIDWAY, FL :  VCT ( MEENAN, TIM	PTORS:  Delete ILL DNROE ST E, FL 32301  Delete I, PAMELA RCH ROAD B2343  Delete DNROE STREET	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	IGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
DFFICER: ittle: lame: ddress: city-St-Zip: ittle: lame: ddress: city-St-Zip: ittle: lame: ddress:	Electron  S AND DIRECT  CT ( COLLEDGE, B 217 NORTH M: TALLAHASSEE  ST ( KISER-BURCH 545 RIVER BIF MIDWAY, FL 3  VCT ( MEENAN, TIM 204 SOUTH M: TALLAHASSEE	PTORS:  Delete ILL DNROE ST E, FL 32301  Delete PAMELA RCH ROAD B2343  Delete DNROE STREET E, FL 32301  Delete	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	IGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

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: KIMBERLY MOORE CEO 04/30/2009