FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:18

DOCUMENT # N21347 (2)

1. Corporation Name

BIG BEND COMPREHENSIVE AIDS RESOURCES, EDUCATION AND SUPPORT, INCORPORATED

Principal Place of Business	Mailing Address
1341 CROSS CR WAY P.O. BOX 14365 TALLAHASSEE FL 32317	1341 CROSS CR WAY P.O. BOX 14365 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1987
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2816580 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RECINELLA, DALE
418 N. MERIDIAN ST.
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Richard Chichetti
82 Street Address (P.O. Box Number is Not Acceptable): 3810 Bobbin Mill Rd.
83
84 City: Tallahassee FL 85 Zip Code: 32312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RECINELLA, DALE	1.2 NAME	Richard Chichetti	
STREET ADDRESS	418 N. MERIDIAN STREET, SUITE 1	1.3 STREET ADDRESS	3810 Bobbin Mill Rd.	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	HICKS, THOMAS L.	2.2 NAME	Chris Gosen	
STREET ADDRESS	505 COLLINSFORD RD.	2.3 STREET ADDRESS	P.O. Box 1782	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32302	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	GIUDICE, BILL	3.2 NAME		
STREET ADDRESS	TMRMC MAGNOLIA& MICCOSUKEE	3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	FURY, AGNES	4.2 NAME		
STREET ADDRESS	1929 RAIN VALLEY CIR.	4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2/9/95 904-656-AIDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Virginia C. Robson, Executive Director

0027875