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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N21347** **(2)**

1. Corporation Name

BIG BEND COMPREHENSIVE AIDS RESOURCES, EDUCATION AND SUPPORT, INCORPORATED

Principal Place of Business	Mailing Address
1375 CROSS CR WAY P. O. BOX 14365 TALLAHASSEE FL 32317-4365 US	1375 CROSS CR WAY P. O. BOX 14365 TALLAHASSEE FL 32317-4365 US

3. Date Incorporated or Qualified: 07/01/1987

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1375 Cross Creek Circle	26 P.O. Box 14365
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL	28 City & State: Tallahassee, FL
24 Zip: ~~EE~~ 32301 25 Country	29 Zip: 32317-4365 30 Country

9. Name and Address of Current Registered Agent

KIRKLAND, VIRGINIA CEO
1375 CROSS CREEK WAY
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1375 Cross Creek Circle

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHICHETTI, RICHARD 3810 BOBBIN MILL ROAD TALLAHASSEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition Copeland, Brant 1st Presbyterian Church, 110 N. Adams St. Tallahassee, FL 32301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOSEN, CHRIS PO BOX 1782 N/A TALLAHASSEE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition Gustafson, Lee Ann Ofc of Atty Gen, PL01 The Capitol Tallahassee, FL 32399-1050
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GIUDICE, BILL TMRMC MAGNOLIA& MICCOSUKEE TALLAHASSEE FL 32308	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition Pople, Randy Capital City Trust Co., P.O. Box 1549 Tallahassee, FL 32302
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FURY, AGNES 1929 RAIN VALLEY CIR. TALLAHASSEE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition Baker Jr., Joe 8370 Glendalin Road Tallahassee, FL 32311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

14. I 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: Virginia Kirkland SIGNATURE REQUIRED 6/25/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # [illegible]