2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# N21347

Entity Name: BIG BEND CARES, INC.

Current Principal Place of Business:

1375 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

2201 S. MONROE STREET
TALLAHASSEE, FL 32301 US

Current Mailing Address:

P O BOX 14365
TALLAHASSEE, FL 323174365 US

New Mailing Address:

2201 S. MONROE STREET
TALLAHASSEE, FL 32301 US

FEI Number: 59-2816580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELDER, LORRAINE
1375 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ELDER, LORRAINE
2201 S. MONROE STREET
TALLAHASSEE, FL 32301 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: _____ 01/05/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOSEN, CHRIS
Address: P O BOX 1782
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD ( ) Delete
Name: WALKER, MARIE
Address: 2018 EAST INDIANHEAD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete
Name: MORRIS, CHARLES A
Address: 1331 SOUTH M.L. KING BLVD.
City-St-Zip: TALLAHASSEE, FL 323014263

Title: VPD ( ) Delete
Name: RAY, BRAD
Address: 2037 HEATHERBROOK DR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: MILLER, THOMAS
Address: P O BOX 1834
City-St-Zip: TALLAHASSEE, FL 32302

Title: VPD (X) Change ( ) Addition
Name: WALKER, MARIE
Address: 2018 EAST INDIANHEAD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition
Name: MORRIS, CHARLES A
Address: 1331 SOUTH M.L. KING BLVD.
City-St-Zip: TALLAHASSEE, FL 323014263

Title: PD (X) Change ( ) Addition
Name: RAY, BRAD
Address: 2037 HEATHERBROOK DR.
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIE WALKER VPD 01/05/2004
Electronic Signature of Signing Officer or Director — Date