2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N21347

1. Entity Name
BIG BEND CARES, INC.

Principal Place of Business	Mailing Address
2201 S. MONROE STREET TALLAHASSEE, FL 32301 US	2201 S. MONROE STREET TALLAHASSEE, FL 32301 US

01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2816580
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RENZI, ROBERT
2201 S. MONROE STREET
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WAKEMAN, MARY
STREET ADDRESS	POST OFFICE DRAWER 229
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	VPD
NAME	WALKER, MARIE
STREET ADDRESS	2018 E. INDIANHEAD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	WESTALL, ANN
STREET ADDRESS	2022 SHADY OAKS DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	PD
NAME	RAY, BRAD
STREET ADDRESS	2037 HEATHERBROOK DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80023-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/9/06 656-2437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #