

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21347

FILED
Mar 21, 2007
Secretary of State

Entity Name: BIG BEND CARES, INC.

Current Principal Place of Business:

2201 S. MONROE STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2201 S. MONROE STREET
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2816580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WAKEMAN, MARY
Address: POST OFFICE DRAWER 229
City-St-Zip: TALLAHASSEE, FL 32302

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

Title: D () Delete
Name: WESTALL, ANN
Address: 2022 SHADY OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: WAKEMAN, MARY
Address: 1709 HERMITAGE BLVD, #102
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Change () Addition
Name: COOPER, JACKIE
Address: 5840 COUNTRYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change () Addition
Name: SCHWARTZ, STEPHANIE
Address: 3246 APOLLO TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD (X) Change () Addition
Name: VANDEMAN, SCOTT
Address: 2937 MODRED LANE
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE SCHWARTZ

D

03/21/2007

Electronic Signature of Signing Officer or Director

Date