2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N21347

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: TD ( ) Delete
Name: SCHULTE, LEONARD
Address: 2534 ARTHURS COURT LANE
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: VPD ( ) Delete
Name: SCHWARTZ, STEPHANIE
Address: 3246 APOLLO TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SCHULTE, LEONARD
Address: 2534 ARTHURS COURT LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD (X) Change ( ) Addition
Name: WAGNER, JANETTE
Address: 111 SONGBIRD AVENUE
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: TD (X) Change ( ) Addition
Name: BROWN, HUGH JR.
Address: 2039 CENTRE POINTE BLVD., STE. 101
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify 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 PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date