

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003582

Entity Name: BIG BEND HEALTHCARE COALITION, INC.**Current Principal Place of Business:**2878 MAHAN DR
TALLAHASSEE, FL 32308**Current Mailing Address:**P O BOX 13052
TALLAHASSEE, FL 32317 US**FEI Number:** 47-1378767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIST, MICHAEL
1300 THOMASWOOD DR
TALLAHASSEE, FL 32308 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST CHAIR
Name ABRAMS, CHAD
Address 911 EASTERWOOD DR.
City-State-Zip: TALLAHASSEE FL 32311

Title BOARD MEMBER
Name OTUONYE, GABE
Address P O BOX 13052
City-State-Zip: TALLAHASSEE FL 32317

Title BOARD MEMBER
Name KOVARY, PAUL
Address P O BOX 13052
City-State-Zip: TALLAHASSEE FL 32317

Title BOARD MEMBER
Name MITCHELL, SHAWN
Address P O BOX 13052
City-State-Zip: TALLAHASSEE FL 32317

Title CHAIR
Name PETERS, KEVIN
Address 911 EASTERWOOD DR.
P. O. BOX 12333
City-State-Zip: TALLAHASSEE FL 32311

Title TREASURER
Name ALLBRITTON, KIMBERLY
Address P O BOX 13052
City-State-Zip: TALLAHASSEE FL 32317

Title BOARD MEMBER
Name CROFT, BRYAN
Address P O BOX 13052
City-State-Zip: TALLAHASSEE FL 32317

Title VICE CHAIR
Name CARROLL, PAULA
Address 2965 MUNICIPAL WAY
City-State-Zip: TALLAHASSEE FL 32304

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I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY ALLBRITTON**TREASURER****02/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name SANDOVAL, NICOLE
Address 2965 MUNICIPAL WAY
City-State-Zip: TALLAHASSEE FL 32304

Title BOARD MEMBER
Name OWENS, KIM
Address 2965 MUNICIPAL WAY
City-State-Zip: TALLAHASSEE FL 32304

Title BOARD MEMBER
Name WALTERS, MARVIN
Address 2965 MUNICIPAL WAY
City-State-Zip: TALLAHASSEE FL 32304

Title BOARD MEMBER
Name WALKER, TRACY
Address P O BOX 13052
City-State-Zip: TALLAHASSEE FL 32317