

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2015
Secretary of State
CC6470563350

Entity Name: BIG BEND HEALTHCARE COALITION, INC.

Current Principal Place of Business:

C/O DISASTERS, STRATEGIES & IDEAS GROUP
2050 CAPITAL CIRCLE NE, SUITE D
TALLAHASSEE, FL 32308

Current Mailing Address:

C/O DISASTERS, STRATEGIES & IDEAS GROUP
P. O. BOX 12333
TALLAHASSEE, FL 32317-2333 US

FEI Number: 47-1378767

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ETTORE, ANTHONY J
C/O DISASTERS, STRATEGIES & IDEAS GROUP
2050 CAPITAL CIRCLE NE, SUITE D
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 CHAIRPERSON
Name KIRSCH, HOLLY
Address C/O DISASTERS, STRATEGIES &
 IDEAS GROUP
 P. O. BOX 12333
City-State-Zip: TALLAHASSEE FL 32317-2333

Title VICE-CHAIRPERSON
Name DOYLE, PHILIP
Address C/O DISASTERS, STRATEGIES &
 IDEAS GROUP
 P. O. BOX 12333
City-State-Zip: TALLAHASSEE FL 32317-2333

Title TREASURER
Name QUILLIN, TOM
Address C/O DISASTERS, STRATEGIES &
 IDEAS GROUP
 P. O. BOX 12333
City-State-Zip: TALLAHASSEE FL 32317-2333

Title SECRETARY
Name ALBRITTON, KIMBERLY
Address C/O DISASTERS, STRATEGIES &
 IDEAS GROUP
 P. O. BOX 12333
City-State-Zip: TALLAHASSEE FL 32317-2333

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: HOLLY KIRSCH

CHAIRPERSON

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date