

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90006 013 ****61.25

DOCUMENT # 735175

1. Entity Name
2-1-1 BIG BEND, INC.



Principal Place of Business
P.O. BOX 10950
TALLAHASSEE, FL 32302-2950 US

Mailing Address
PO BOX 10950
TALLAHASSEE, FL 32302 US

44050838



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
51-0201771

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICKLAUS, RANDALL
4482 ARGYLE LANE
TALLAHASSEE, FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VPD~~ ☐ Delete
NAME ~~NOLIA, BARTIN~~
STREET ADDRESS ~~1412 RANDOLPH CIR~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32312~~

TITLE President Director ☒ Change ☐ Addition
NAME Nolia Brandt
STREET ADDRESS 1412 Randolph Cir Tallahassee, FL 32313
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HOLLOWAY, DAN
STREET ADDRESS 402 AUDUBON DR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE vp Director ☐ Change ☒ Addition
NAME Judge Augustus Aikens
STREET ADDRESS P.O. Box 14271 Tallahassee, FL 32317
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME ~~OSTERYOUNG, JERRY~~
STREET ADDRESS ~~2912 BRANDENERE~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32312~~

TITLE Sec Director ☐ Change ☒ Addition
NAME ~~Kimberly King~~
STREET ADDRESS ~~215 S Monroe St 2nd Fl~~
CITY-ST-ZIP ~~Tallahassee, FL 32301~~

TITLE SD ☒ Delete
NAME MCMILLON-LANE, CHRISTINE
STREET ADDRESS PO BOX 15635
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME OSTERYOUNG, JERRY
STREET ADDRESS 2912 BRANDENERE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ~~SANDALL, NICHOLAS S~~
STREET ADDRESS ~~4482 ARGYLE LANE~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32309~~

TITLE D ☒ Change ☐ Addition
NAME Randall S. Nicklaus
STREET ADDRESS 4482 Argyle Lane
CITY-ST-ZIP Tallahassee, FL 32309

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Randall S. Nicklaus
Randall S. Nicklaus, Executive Director

7/28/04

681-9131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
44050838

Licenses

935175

Account ID	Debit Amount	Credit Amount
942620	6.13	
942623	1.23	
942624	3.06	
942625	15.31	
942630 27	6.13	
942631 30	11.03	
942650 31	4.90	
942550	13.44 13.48	
205000		61.25
	61.25	