

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90137 001 ***306.25

DOCUMENT # 765671

1. Entity Name

BIG BEND HEALTH COUNCIL, INC.



Principal Place of Business

**431 OAK AVENUE
PANAMA CITY, FL 32401 US**

Mailing Address

**431 OAK AVENUE
PANAMA CITY, FL 32401 US**

DO NOT WRITE IN THIS SPACE



04192007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2261770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, R. MICHAEL
431 OAK AVENUE
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD NICHOLSON, DAVID 4315 9TH AVE MARIANNA, FL 32446 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCD WYNN, JERRY 1101 LA SALLE LEFFALL DRIVE QUINCY, FL 32351 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SDTD KENT, DOUG 502 4TH STREET PORT ST. LUCIE, FL 32456 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HILL, R MICHAEL 431 OAK AVE PANAMA CITY, FL 32401 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2007
Date

850-8724728
Daytime Phone #

BIG BEND HEALTH COUNCIL, INC.
431 OAK AVENUE
PANAMA CITY, FL 32401
(850) 872-4128

BAY BANK & TRUST CO.
PANAMA CITY, FLORIDA

8223

ATTACHMENT

666010381

63-520/632

PAY
TO THE
ORDER OF

\$

DOLLARS

1500

32302-1500

499000006032

MEMO

786607, 765671, 765400, 504000007630



Terri Anderson

AUTHORIZED SIGNATURE

Security features. Details on back.



BIG BEND HEALTH COUNCIL, INC.

8223

01/20/12 N.W. FL HEALTH COUNCIL, INC
01/20/12 SUNSHINE STATE HEALTH PRS, INC
01/20/12 BIG BEND HEALTH COUNCIL, INC
01/20/12 FL ASSN OF HEALTH PLANNING AGENCIES, INC
01/20/12 SAINT JOSEPH CARE OF FL, INC

Cash in Bank