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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766375** **(0)**

1. Corporation Name

BIG BEND LAW ENFORCEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% LYNN D. CHANG 2103 CAPITOL BLDG. TALLAHASSEE FL 32399-0350 US	% LYNN D. CHANG 2103 CAPITOL BLDG. TALLAHASSEE FL 32399 US

3. Date Incorporated or Qualified: 01/03/1983
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business
21 101 E. Gaines Street
22 Suite, Apt. #, etc.: 516 Fletcher Bldg.
23 City & State: Tallahassee, FL
24 Zip: 32399-0350
25 Country: USA

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number: 59-2261806 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHANG, LYNN D
2103 CAPITOL BLDG.
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lynn D Chang Lynn D. Chang 3/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHANG, LYNN D		1.2 NAME		
STREET ADDRESS	2103 CAPITOL BLDG.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARR, KEN		2.2 NAME		
STREET ADDRESS	2661 EXECUTIVE CTR. CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, JOHN		3.2 NAME		
STREET ADDRESS	1117 THOMASVILLE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LASSITER, GARRY		4.2 NAME		
STREET ADDRESS	234 EAST 7TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RIVENBARK, TED		5.2 NAME	Anne Grix	
STREET ADDRESS	038 WESTCOTT BLDG.		5.3 STREET ADDRESS	325 John knox Road, Suite C100	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KINCH, HOWARD		6.2 NAME		
STREET ADDRESS	121 EAST JEFFERSON STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn D Chang Lynn D. Chang 3/31/97 488-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077489