SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # 766375 (0)

1. Corporation Name
BIG BEND LAW ENFORCEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 E GAINES ST 516 FLETCHER BLDG TALLAHASSEE FL 32399-0350 US	% LYNN D. CHANG 2103 CAPITOL BLDG. TALLAHASSEE FL 32399-0350 US

3. Date Incorporated or Qualified: 01/03/1983
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1317 Winewood Blvd.	26 3308 Charleston Road
Suite, Apt. #, etc. 22 Suite 306	Suite, Apt. #, etc. 27 c/o Lynn D. Chang
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / Country 24 32399 0700 / 25 USA	Zip / Country 29 32308 / 30 USA

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: Lynn D. Chang
82 Street Address (P.O. Box Number Is Not Acceptable): 1317 Winewood Blvd.
83: Suite 306
84 City: Tallahassee FL 85 Zip Code: 32399-0700

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	1317 Winewood Blvd., Suite 306	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32399-0700	
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	D	☐ Change ☒ Addition
NAME	SCHMIDT, JOHN		3.2 NAME	Bobby Smith	
STREET ADDRESS	1117 THOMASVILLE RD.		3.3 STREET ADDRESS	2671 Executive Circle, W., Suite 201	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL 32301	
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		☐ Change ☐ Addition
NAME	GRIX, ANNE		5.2 NAME		
STREET ADDRESS	325 JOHN KNOX RD., SUITE C100		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
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 (5/98)

14. 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 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 7/11/98 413-9165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #