SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766375

1. Corporation Name

BIG BEND LAW ENFORCEMENT ASSOCIATION, INC.

Principal Place of Business 1317 WINEWOOD BLVD STE 306 TALLAHASSEE FL 32399-0700 Mailing Address 3308 CHARLESTON RD C/O LYNN D. CHANG TALLAHASSEE FL 32308 FILED Sep 02, 1999 8:00 am Secretary of State

09-02-1999 90006 012 ****61.25

612106-90006-12 6 *



2. Principal Place of Business 2a. Mailing	'Address : '		3. Date Incorporated or Qualifed			
1 2415 N. Monroe St. 26			01/03/1983			
¬	Apt. #, etc.		4. FEI Number Applied I 59-2261806 Not Appl	-		
27			Тостори	-		
City & State City &	State		5. Certificate of Status Desired Fee Required			
3 Tallahassee, FL 28		untry		-		
Zip Country Zip	 1	ınıry	6. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution Added to Fee			
25 USA 29 9. Name and Address of Current Registered A	30		Trust Fund Contribution Added to Fee 10. Name and Address of New Registered Agent	<u> </u>		
9. Name and Audress of Current Registered Agent			81 Name			
OLIANO I VAND D						
CHANG, LYNN D		82 Street Address (P.O. Box Number is Not Acceptable)				
1317 WINEWOOD BLVD		3308 Charleston Road				
STE 306						
TALLAHASSEE FL 32399	•	84 City _	Tallahassee. FL 85 Zip Code 32309	- [
				S Crod		
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 TO A SECOND SIGNATURE	•		moulined when reinstating) DATE	_		
Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS	(NOTE: Registere	Agent signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	¥ 12		
TITLE DCT	DELETE 1.1 T	TLE .		Addition		
NAME CHANG, LYNN D		AME		Į		
STREET ADDRESS 1317 WINEWOOD BLVD STE 306		TREET ADDRESS	3308 Charleston Road			
TALLALIACOUT CL 20200		ITY-ST-ZIP	Tallehossee, FL 32308	-}		
TITLE D	DELETE 2.1 T		Change	Addition		
NAME CARR, KEN		ļ		- 1		
STREET ADDRESS 2661 EXECUTIVE CTR. CIR.		TREET ADDRESS		-		
TALLALIACOFF CI	_	CITY-ST-ZIP		- 1		
TIME D	DELETE 3.1 T		☐ Change ☐	Addition		
NAME SMITH, BOBBY	3.2 N	AME	<u> </u>	ļ		
STREET ADDRESS 2671 EXECUTIVE CIRCLE W STE 201	338	TREET ADDRESS		1		
TALLALIA COFF EL 20004		CITY-ST-ZIP				
me D	DELETE 4.1 T		☐ Change ☐	Addition		
NAME LASSITER, GARRY		AME				
STREET ADDRESS 234 EAST 7TH AVENUE		TREET ADDRESS		[
CITY-ST-ZIP TALLAHASSEE FL 32303		TY-ST-ZIP		Į		
TITLE D	DELETE 5.1 T		Change □	Addition		
NAME, GRIX, ANNE	5.2 N	AME		·		
STREET ADDRESS 325 JOHN KNOX RD., SUITE C100	5,3 S	TREET ADDRESS		-		
CITY-ST-ZIP TALLAHASSEE FL	5.4 C	ITY-ST-ZIP				
TITLE D	DELETE 6.1 T	ITLE	Change	Addition		
NAME KINCH, HOWARD	6.2 N	AME	Mike Smith Road			
STREET ADDRESS 121 EAST JEFFERSON STREET	6.3 S	TREET ADDRESS	2331 Phillips Hoad	ļ		
			L	- 1		
CITY-ST-ZIP QUINCY FL 32351		ITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information]		

I. 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, with all other like empowered.

SIGNATURE

CASIGNOTIAL REQUIRED D. Chang 8 20/99 850-921-872

R2E037 (5/99)