2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State
08-30-2005 90028 011 ****61.25

DOCUMENT # N02000002215

1. Entity Name
BIG BEND COMMUNITY BASED CARE, INC.

Principal Place of Business	Mailing Address
333 WEST PENSACOLA STREET SUITE 300 TALLAHASSEE, FL 32304	333 WEST PENSACOLA STREET SUITE 300 TALLAHASSEE, FL 32304

07192005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3333 WEST PENSACOLA STREET [1]	3333 WEST PENSACOLA STREET [2]
Suite, Apt. #, etc.: SUITE 100 [4]	Suite, Apt. #, etc.: SUITE 100 [3]
City & State: TALLAHASSEE, FLORIDA [6]	City & State: TALLAHASSEE, FLORIDA [5]
Zip: 32304 [8] Country:	Zip: 32304 [7] Country:

4. FEI Number: 03-0423156 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLK, TOM
3333 WEST PENSACOLA STREET
SUITE 300
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

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 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMARK, DIANE 1485 SOUTH SEMORAN BLVD. #1448 WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, SHELLY 1485 SOUTH SEMORAN BLVD. #1448 WINTER PARK, FL 32792	☐ Change ☒ Addition [9]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICK, JAMES 1485 SOUTH SEMORAN BLVD. #1448 WINTER PARK, FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLK, THOMAS 3333 W. PENSACOLA ST., SUITE 300 TALLAHASSEE, FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNABE, MELISSA 820 E. PARK AVE., BLDG H TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, GARY 167 SALEM CT. TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 8/26/2005 850 410 1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #