NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2006 8:00 am
Secretary of State
06-26-2006 90002 028 ****70.00

DOCUMENT # N02000002215

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

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40096973
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2. Principal Place of Business	3. Mailing Address
525 N. MLK BLVD.	525 N. MLK BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: 32301 Country: USA	Zip: 32301 Country: USA

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

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

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7. Name and Address of Current Registered Agent

Name: Watkins, Mike

Street Address (P.O. Box Number is Not Acceptable): 525 N. MLK Blvd.

City: TALLAHASSEE, FL Zip Code: 32301

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE	President
NAME	Brandt, Nolia
STREET ADDRESS	1412 N. Randolph Circle
CITY-ST-ZIP	Tallahassee, Florida 32312
TITLE	Treasurer
NAME	Patrick, Pauline
STREET ADDRESS	4263 Millwood Lane
CITY-ST-ZIP	Tallahassee, Florida 32312
TITLE	Secretary
NAME	Pfeiffer, William
STREET ADDRESS	3142 Barringer Drive
CITY-ST-ZIP	Tallahassee, Florida 32311
TITLE	Director
NAME	Gillum, Andrew
STREET ADDRESS	300 S. Adam Street
CITY-ST-ZIP	Tallahassee, Florida 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Mike Watkins, CEO 6/23/06 850 410 1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #