2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N02000002215

Entity Name: BIG BEND COMMUNITY BASED CARE, INC.

Current Principal Place of Business:

525 N MLK BLVD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

525 N MLK BLVD
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 03-0423156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATKINS, MIKE
525 M MLK BLVD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLARK, GARY
Address: 1670 PEEL RD
City-St-Zip: CHIPLEY, FL 32428

Title: S ( ) Delete
Name: CLARK, GARY
Address: 1670 PEEL RD
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: GILLUM, ANDREW
Address: 300 S ADAM ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete
Name: PAULINE, PATRICK
Address: 4263 MILLWOOD LN
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: MILTON, KATHY
Address: 4325 B LAFAYETTE ST
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: HARCUS, KATHY
Address: 450 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HOLIFIELD, LIZ DR.
Address: 4032 LONGLEAF ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: D (X) Change ( ) Addition
Name: JOHNS, REGGIE
Address: 6322 OAK KNOLL ROAD
City-St-Zip: PANAMA CITY, FL 32404

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY CLARK P 01/23/2009
Electronic Signature of Signing Officer or Director — Date