## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 08, 2004 8:00 am **Secretary of State** DOCUMENT # N02000009412 03-08-2004 90021 009 \*\*\*\*61.25 BIG BEND FAIR HOUSING CENTER, INC. Principal Place of Business Mailing Address 1105 HAYES STREET 94025642 1105 HAYES STREET TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 03-0497074 City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Denjamin L. Esqu CRUMP, BENJAMIN L ESQ. (P.O. Box Number is Not Acceptable) 240 N MAGNOLIA DRIVE TALLAHASSEE, FL 32310 510C 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. Deniamin (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete 71111 ☐ Addition TITLE CRUMP, BENJAMIN L NAME 240 N MAGNOLIA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP ☐ Delete ☐ Addition JONES, DARRYL NAME NAME 501 W. ORANGE ST. STREET ADDRESS STREET ADORESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY - ST - ZIP ☐ Change Addition ☐ Delete NAME HEPBURN, MARCUS NAME 3301 KILLALA WAY STREET ADDRESS STREET ADORESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Delete TIFLE ☐ Change ☐ Addition OFUANI, SHARON NAME NAME 300 S. ADAMS STREET STREET ADDRESS STREET ADDRESS CITY-ST-75P CITY-ST-ZIP TALLAHASSEE, FL 32301 TH Delete Interim Executive Directe 1 Change Addition ED TITLE: TITLE BURCH, CYNTHIA NAME NAME Regina Owen 1105 HAYES STREET STRUET ACCORESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY - ST - ZIP 32301 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

2/17/04 850)222-2033