


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90022 049 ****61.25

DOCUMENT # N02000009412		
1. Entity Name BIG BEND FAIR HOUSING CENTER, INC.		

Principal Place of Business 1105 HAYES STREET TALLAHASSEE, FL 32301	Mailing Address 1105 HAYES STREET TALLAHASSEE, FL 32301
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40008152



2. Principal Place of Business <i>1105 Hays Street</i>	3. Mailing Address <i>1105 Hays Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State <i>Tallahassee, Florida</i>	City & State <i>Tallahassee, Florida</i>
Zip <i>32301</i>	Zip <i>32301</i>
Country <i>US</i>	Country <i>US</i>

4. FEI Number 03-0497074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUMP, BENJAMIN L ESQ. 1105 HAYS ST. TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name <i>Marcus Hepburn</i> Street Address (P.O. Box Number is Not Acceptable) <i>3301 Killala Way</i> City <i>Tallahassee</i> FL Zip Code <i>32308</i>	

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 *Marcus Hepburn* *Marcus Hepburn, Registered Agent 1/28/05*
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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUMP, BENJAMIN L 240 N MAGNOLIA DRIVE TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marcus Hepburn 3301 Killala Way Tallahassee, Florida 32308 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, DARRYL 501 W. ORANGE ST. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEPBURN, MARCUS 3301 KILLALA WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Benjamin L. Crump 240 N Magnolia Drive Tallahassee, Florida 32310 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OFUANI, SHARON 300 S. ADAMS STREET TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Elizabeth Ricci 521 E. Tennessee Street Tallahassee, Florida 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXED OWENS, REGINA 1105 HAYS ST. TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXED Renae Brown 1105 Hayes Street Tallahassee, Florida 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another I am empowered.

SIGNATURE: *Renae C Brown* *Renae C Brown 1/26/05 850.222.2033*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone