

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90052 012 ****61.25



DOCUMENT # N03000010779					
1. Entity Name BIG BEND CENTER FOR HUMAN SERVICE LIFELINE INC.					
Principal Place of Business PO BOX 4253 TALLAHASSEE, FL 32304		Mailing Address PO BOX 4253 TALLAHASSEE, FL 32304		02192004 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-327-2544 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
Zip	Country	Zip	Country	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMMIONS, GLENN 256 OAKVIEW DR TALLAHASSEE, FL 32304				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				DATE 3/10/04	
Filing Fee is \$61.25 Due by May 1, 2004				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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAINOUS, BARBARA		NAME	Rachell Arnett	
STREET ADDRESS	9512 SHUMARD DR		STREET ADDRESS	1021 Idlewild Dr.	
CITY-ST-ZIP	WAKULLA, FL		CITY-ST-ZIP	Tall. Fl. 32311	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIEFER, MARLENE		NAME	Faye Waylin	
STREET ADDRESS	92 NELSON RD		STREET ADDRESS	237 Pond Pine St 32310	
CITY-ST-ZIP	CRAWFORDVILLE, FL		CITY-ST-ZIP	Tall Fl.	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, LINDA		NAME	Dr. Darice Richard	
STREET ADDRESS	8136 HOLLY RIDGE TRAIL		STREET ADDRESS	2109 Evergreen Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	Tall. Fl. 32303	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, BARBIE		NAME	Joyce Evond	
STREET ADDRESS	6635 KINGMAN DR		STREET ADDRESS	P.O. Box 64	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	Quitman Ga	
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMIONS, GLENN		NAME		
STREET ADDRESS	7007 JACKSON RD		STREET ADDRESS		
CITY-ST-ZIP	QUITMAN, GA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE:				DATE: 3/10/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 850-933-3508	