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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04043
Corporation Name

TALLAHASSEE BIG BEND CRIMESTOPPERS, INC.

617503 - 90013 - 37

Principal Place of Business
~~1~~4 E. 7TH AVE.
~~T~~LLAHASSEE FL 32303-5519

Mailing Address
234 E. 7TH AVE.
TALLAHASSEE FL 32303-5519

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	07/05/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2485578 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
25	29 / 30	

9. Name and Address of Current Registered Agent

~~MEADOWS, MARK~~ Taroub Gauding
234 E 7TH AVE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Taroub Gauding Taroub Gauding Crimestoppers Coordinator DATE 9/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TYPE	~~PD~~	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	~~LUCAS, GWEN~~		1.2 NAME	Grantham, Michael	
STREET ADDRESS	~~CITY HALL 300 S. ADAMS ST.~~		1.3 STREET ADDRESS	217 N. Monroe Street	
CITY-ST-ZIP	~~TALLAHASSEE FL~~		1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TYPE	~~S~~	☐ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	~~WHITEHEAD, WANDA~~		2.2 NAME	Wirth, William	
STREET ADDRESS	~~CITY HALL 300 S ADAMS ST~~		2.3 STREET ADDRESS	P.O. Box 5198 / 446 N. Monroe St	
CITY-ST-ZIP	~~TALLAHASSEE FL 32301~~		2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TYPE	T	☐ DELETE	3.1 TITLE	D Stucks, Allen	☐ Change ☒ Addition
NAME	RUSH, MACK		3.2 NAME	Suite 200, Sutton Building	
STREET ADDRESS	208 W CAROLINA ST		3.3 STREET ADDRESS	2670 Executive Center Circle West	
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TYPE	~~VD~~	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~GRANTHAN, MICHAEL~~		4.2 NAME	Handley, Dori	
STREET ADDRESS	~~217 N. MONROE ST.~~		4.3 STREET ADDRESS	Farmers & Merchants Bank 200 E. Washington St.	
CITY-ST-ZIP	~~TALLAHASSEE FL~~		4.4 CITY-ST-ZIP	Monticello, FL 32345	
TYPE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GIRTMAN, BEN		5.2 NAME	Hendrix, Tim	
STREET ADDRESS	1020 E. LAFAYETTE ST., #207		5.3 STREET ADDRESS	2329 Apalachee Parkway	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TYPE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	~~WHITEHEAD, WANDA~~		6.2 NAME	Gibson, Pam	
STREET ADDRESS	~~CITY HALL 300 S. ADAMS ST.~~		6.3 STREET ADDRESS	415 N. Monroe St.	
CITY-ST-ZIP	~~TALLAHASSEE FL~~		6.4 CITY-ST-ZIP	Tallahassee, FL 32301	

CR2E037 (5/99)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 9/7/99 671-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #