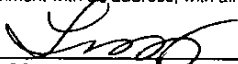


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90171 026 \*\*\*\*61.25

<b>DOCUMENT # N04043</b> 1. Entity Name <b>BIG BEND CRIME STOPPERS, INC.</b>					
Principal Place of Business <b>438 WEST BREVARD STREET TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>P.O. BOX 938 TALLAHASSEE, FL 32302-0938 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2485578</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCGHIN, KATHY 438 WEST BREVARD STREET TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STUCKS, ALLEN D SR.</b>		NAME		
STREET ADDRESS	<b>2414 MEXIA WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASTLETON, CHARLES</b>		NAME		
STREET ADDRESS	<b>2049 FOSHALEE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32317</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HODGE, JAY</b>		NAME	<b>TREASURER</b>	
STREET ADDRESS	<b>1519 CAPITAL CIRCLE</b>		STREET ADDRESS	<b>YENTRY, JOICE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		STREET ADDRESS	<b>148 LONGLEAF DRIVE</b>	
TITLE	<b>EXECUTIVE</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>LYNNE M HERNANDEZ</b>	
STREET ADDRESS			STREET ADDRESS	<b>2300 ORLEANS DR</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>	
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		
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.					
<b>SIGNATURE:</b> 			<b>4/26/05</b> <b>850/8914182</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		