2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006288

Entity Name: BIG BEND ELDER ADVOCATES, INC.

FILED Aug 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 322 BEARD STREET 2510 MICCOSUKEE ROAD TALLAHASSEE, FL 32303 SUITE 109 TALLAHASSEE, FL 32308 **Current Mailing Address:** New Mailing Address: 322 BEARD STREET PO BOX 3006 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32315 FEI Number: 20-5824391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GEEKER, VAN PESQ. 2457 CARE DRIVE TALLAHASSEE, FL 32308 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VALLE, KURT Name: Name: Address: 200 SINCLAIR ROAD Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: Title: () Delete () Change () Addition FOREHAND, WALTER Name: Name:

Address: 125 SOUTH GADSDEN STREET Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: DESLOGE, BRYAN Name: Name: 1213 MICCOSUKEE ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: () Delete Title: Title: Name: WISE, JANICE Name: 2639 NORTH MONROE STREET Address: Address:

City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32308 () Delete Title: () Change () Addition NELSON, TONI Name:

Name: 2061 DELWOOD DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip:

Title:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI NELSON D 08/29/2007

(X) Change () Addition

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DESLOGE, BRYAN

WISE, JANICE

2414 MAHAN DRIVE

2510 MICCOSUKEE ROAD

TALLAHASSEE, FL 32308