

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90360 014 ****61.25

DOCUMENT # N21254

1. Entity Name
BIG BEND HOMELESS COALITION, INC.



Principal Place of Business
**2729 WEST PENSACOLA ST.
TALLAHASSEE, FL 32304 US**

Mailing Address
**P O BOX 226
TALLAHASSEE, FL 32302**

40042100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2898810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, KAY
2729 WEST PENSACOLA ST.
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

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **VP** ☐ Delete
NAME **PRICE, AMY**
STREET ADDRESS **1303 BLOCKFORD COURT WEST**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DOHRMAN, THOMAS**
STREET ADDRESS **1527 BELLEAUWOOD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **BARTELD, BRETT**
STREET ADDRESS **160 HORSESHOE LANE**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE ☐ Change ☒ Addition
NAME **Knights, Phyllis**
STREET ADDRESS **7450 Lewis Blvd**
CITY-ST-ZIP **Tallahassee FL 32305**

TITLE **DIRE** ☐ Delete
NAME **ERVIN, CHARLES LT.**
STREET ADDRESS **8691 ALEXANDRITE COURT**
CITY-ST-ZIP **TALLAHASSEE, FL 32307**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EXD** ☐ Delete
NAME **FREEMAN, KAY**
STREET ADDRESS **4126 ARKLOW DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIR** ☐ Delete
NAME **PARKER, MICHAEL MR.**
STREET ADDRESS **6632 CHEVY WAY**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAY Freeman

3/29/06

850 5765566