2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21254

FILED Feb 11, 2008 Secretary of State

Entity Name: BIG BEND HOMELESS COALITION, INC.

Current Principal Place of Business: New Principal Place of Business: 2729 WEST PENSACOLA ST. TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** 2729 WEST PENSACOLA STREET TALLAHASSEE, FL 32304 FEI Number: 59-2898810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREEMAN, KAY 2729 WEST PENSACOLA ST. TALLAHASSEE, FL 32304 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 PARKER, MICHAEL Name: Name: 6632 CHEVY WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BURNETTE, ADA Name: GARRISON, RONALD Address: 24360 LONE STAR COURT Address: 4706 INISHEER COURT City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: () Change () Addition MOORE, DANIEL Name: Name: 2912 ABBOTSFORD WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: DIRE () Delete Title: SEC (X) Change () Addition Name: ERVIN, CHARLES LT. Name: COLLINS, DORI 2310 SIMPSON ROAD Address: 8691 ALEXANDRITE COURT Address: City-St-Zip: TALLAHASSEE, FL 32307 City-St-Zip: MONTICELLO, FL 32344 Title: EXD () Delete Title: () Change () Addition FREEMAN, KAY Name: Name: 4126 ARKLOW DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: Title: () Delete Title: (X) Change () Addition GARRISON, RONALD ERVIN. CHARLES LT Name: Name: Address: 4706 INISHEER COURT Address: 8691 ALEXANDRITE COURT TALLAHASSEE, FL 32307 TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip:

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: KAY FREEMAN EX D 02/11/2008