SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000789 (7)

1. Corporation Name
BIG BEND VICTIM ASSISTANCE COALITION, INC.

Principal Place of Business	Mailing Address
TALLAHASSEE POLICE DEPARTMENT VICTIM ASSISTANCE UNIT. 234 E 7TH AVE. TALLAHASSEE FL 32303	P.O.BOX 3393 TALLAHASSEE FL 32315

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report: 06/08/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3287240 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAZARUS, MARK
4260 KIMBERLEY CIRCLE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Chris DelMarco
82 Street Address (P.O. Box Number is Not Acceptable): 513 West 6th Ave
83:
84 City: Tallahassee FL 85 Zip Code: 32303

11. 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: Chris DelMarco, Chairman
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☒ DELETE
NAME	NICOLE MARTIN	
STREET ADDRESS	2614 MCCAIN COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	☒ DELETE
NAME	DICK LIOYD	
STREET ADDRESS	1208 WINIFRED DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	☐ DELETE
NAME	TENA PETE	
STREET ADDRESS	1619 LAKE ELLA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☐ Change ☒ Addition
1.2 NAME	Chris DelMarco	
1.3 STREET ADDRESS	513 West 6th AVE	
1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
2.1 TITLE	VD Ann Abdouch	☐ Change ☒ Addition
2.2 NAME	2365 Tamarind Court	
2.3 STREET ADDRESS	Tallahassee, FL 32303	
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	☐ Change ☒ Addition
3.2 NAME	Kim Scurti	
3.3 STREET ADDRESS	3045 Senna Drive	
3.4 CITY-ST-ZIP	Tallahassee, FL 32303	
4.1 TITLE	T/D	☐ Change ☒ Addition
4.2 NAME	Pam Valentine	
4.3 STREET ADDRESS	515 John Knox Rd	
4.4 CITY-ST-ZIP	Tallahassee, FL 32303	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Helen Eikman	
5.3 STREET ADDRESS	809 Kenilworth Road	
5.4 CITY-ST-ZIP	Tallahassee, FL 32312	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Kim Scurti Kim Scurti 6-18-96 (904) 922-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #