FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90067 049 ****61.25

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DOCUMENT # **N94000000789**

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

438336 - 90067 - 49

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/16/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3287240 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

MCARTHUR, JILL
234 E SEVENTH AVE
TALLAHASSEE FL 32303

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 Jill McArthur 4-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCARTHUR, JILL		1.2 NAME		
STREET ADDRESS	234 E 7TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	TUDOR, MELANIE		2.2 NAME	COLLIER, JAN	
STREET ADDRESS	234 E 7TH AVE		2.3 STREET ADDRESS	1125 EASTERWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	EVANS, JOHN		3.2 NAME	LARA ESSIG	
STREET ADDRESS	114 W 5TH AVE		3.3 STREET ADDRESS	234 E. SEVENTH AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCURTI, KIM		4.2 NAME		
STREET ADDRESS	3045 JENNA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	ESSIG, LARA		5.2 NAME	RYN SAPP	
STREET ADDRESS	1812 W THARPE STREET		5.3 STREET ADDRESS	301 S. MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, LESLIE		6.2 NAME		
STREET ADDRESS	234 7TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Jill McArthur SIGNATURE REQUIRED 4-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #