2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90013 043 ****61.25

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1. Entity 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	234 E 7TH AVE TALLAHASSEE, FL 32303

01122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3287240 ☐ 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
MCARTHUR, JILL 234 E SEVENTH AVE TALLAHASSEE, FL 32303	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTLOCK, HELENE 301 S MONROE ST TALLAHASSEE, FL 323991057	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maria Folsom 2825 Municipal Way Talla FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MABRY, MICHELLE 107 WEST GAINES ST TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rebecca Evans 2601 Blairstone Rd Talla FL 32399-2500	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLATON-GROOM, DORENDA 4832 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Loris McCorvey 2825 Municipal Way Talla FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, TANYA 107 WEST GAINES ST TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carol Cavallaro 1823 Buford Court Talla FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASBELL, KATHY REFUSE HOUSE PO BOX 1018 CRAWFORDVILLE, FL 32326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kristen Allen 1140 Cap Cir SE Suite 12 Talla FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLLIER, JAN 1145 EASTERWOOD DR. TALLAHASSEE, FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kathy Connolly 2825 Municipal Way Talla FL 32303	☐ Change ☒ Addition

12. 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 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: _____ 3-31-05 850 414-3216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #