2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State
05-16-2006 90023 044 ****61.25

DOCUMENT # N94000000789

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

05152006 Chg-NP CR2E037 (4/06)

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 September 6, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTLOCK, HELENE 301 S MONROE ST TALLAHASSEE, FL 323991057	☐ Delete	SD Jill McArthur 234 E. 7th Ave Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MABRY, MICHELLE 107 WEST GAINES ST TALLAHASSEE, FL 32301	☑ Delete	TD Kristen Allen 1140 Capital Circle SE, #12 Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOLSOM, MARIA 2825 MUNICIPAL WAY TALLAHASSEE, FL 32303	☑ Delete	D Wendy Hallowell The Capitol, Room 209 Tallahassee, FL 32399	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JONES, TANYA 107 WEST GAINES ST TALLAHASSEE, FL 32301	☑ Delete	D Kathy Connolly c/o LCSO, P.O Box 727 Tallahassee, FL 32302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASBELL, KATHY REFUSE HOUSE PO BOX 1018 CRAWFORDVILLE, FL 32326	☐ Delete	D Martha Ann Crawford Refuge House Tallahassee, FL 32316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EVANS, REBECCA 2601 BLAIRSTONE RD TALLAHASSEE, FL 323992500	☑ Delete	D Sherice Simmons Area Agency on Aging Tallahassee, FL 32303	☐ Change ☒ Addition

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: Kristen J. Allen 5-15-06 850-681-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #