2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90082 038 ****61.25

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

4UUU9557

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

02022007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O Box 1486
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tallahassee, FL
Zip / Country	Zip: 32302 / Country: U.S.A

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

Filing Fee is $61.25
Due by May 1, 2007

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	SP Jill McArthur 234 E. 7th Ave. Tallahassee, FL 32303 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KRISTEN, ALLEN 1140 CAPITAL CIR SE STE 12 TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Martha Ann Crawford P.O Box 1018 Crawfordville, FL 32326 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALLOWELL, WENDY THE CAPITOL/RM 209 TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Adam Schlachter 7550 Apalachee Pkwy. Tallahassee, FL — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNOLLY, KATHY C/O LCSO POB 727 TALLAHASSEE, FL 32302	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Melissa Ashton A4201 University Ctr. Tallahassee, FL 32306 — ☐ 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 Fawneisha Brown 135 Hidden Lake Rd. Havana, FL 32333 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMMONS, SHERICE AREA AGENCY ON AGING TALLAHASSEE, FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gwen Williams P.O Box 727, LCSO 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 Kristen Allen 2-2-07 850-681-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #