

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000789

FILED
Jan 27, 2009
Secretary of State

Entity Name: BIG BEND VICTIM ASSISTANCE COALITION, INC.

Current Principal Place of Business:

TALLAHASSEE POLICE DEPARTMENT
VICTIM ASSISTANCE UNIT, 234 E 7TH AVE.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1486
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3287240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCARTHUR, JILL
234 E SEVENTH AVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ALLEN, KRISTEN J
1018 THOMASVILLE ROAD
101
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: KRISTEN ALLEN

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POTLOCK, HELENE
Address: 301 S MONROE ST
City-St-Zip: TALLAHASSEE, FL 323991057

Title: TD () Delete
Name: KRISTEN, ALLEN
Address: 1140 CAPITAL CIR SE STE 12
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: TOMBERLIN, LAUREN
Address: 1-A EAST JEFFERSON STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: BROWN, FAWNISHA
Address: 234 EAST SEVENTH AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: ASBELL, KATHY
Address: REFUSE HOUSE PO BOX 1018
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Delete
Name: WILLIAMS, GWEN
Address: P.O. BOX 727 LCSO
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: KRISTEN, ALLEN
Address: 1018 THOMASVILLE ROAD, 101
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTEN ALLEN

TD

01/27/2009

Electronic Signature of Signing Officer or Director

Date