

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90414 036 \*\*\*\*61.25

**DOCUMENT # N94000000789**

1. Entity Name

**BIG BEND VICTIM ASSISTANCE COALITION, INC.**



Principal Place of Business

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

Mailing Address

**234 E 7TH AVE  
TALLAHASSEE FL 32303**

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

☐ CHECK HERE IF MAKING CHANGES

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

*Jill McArthur*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/29/03*

**FILE NOW: FEE IS \$61.25**

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          | <b>D</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>POTLOCK, HELENE</b>           |                                            |
| STREET ADDRESS | <b>301 S MONROE ST</b>           |                                            |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32399-1057</b> |                                            |
| TITLE          | <b>PD</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>MCARTHUR, JILL</b>            |                                            |
| STREET ADDRESS | <b>234 E 7TH AVE</b>             |                                            |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32303</b>      |                                            |
| TITLE          | <b>SD</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>LAMAR, DENITA</b>             |                                            |
| STREET ADDRESS | <b>2825 MUNICIPAL WAY</b>        |                                            |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32304</b>      |                                            |
| TITLE          | <b>TD</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>JONES, TANYA</b>              |                                            |
| STREET ADDRESS | <b>107 WEST GAINES ST</b>        |                                            |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32301</b>      |                                            |
| TITLE          | <b>P</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>ASBELL, KATHY</b>             |                                            |
| STREET ADDRESS | <b>REFUSE HOUSE PO BOX 1018</b>  |                                            |
| CITY-ST-ZIP    | <b>CRAWFORDVILLE FL 32326</b>    |                                            |
| TITLE          | <b>D</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MILLER, LESLIE</b>            |                                            |
| STREET ADDRESS | <b>234 EAST 7TH AVE</b>          |                                            |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32303</b>      |                                            |

|                |                                   |                                                                              |
|----------------|-----------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>SD</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Collier, Jan</b>               |                                                                              |
| STREET ADDRESS | <b>1145 Easterwood Dr</b>         |                                                                              |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32301</b>      |                                                                              |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Crawford, Martha Ann</b>       |                                                                              |
| STREET ADDRESS | <b>Refuse House PO Box 4356</b>   |                                                                              |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32315</b>      |                                                                              |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Cavallaro, Carol</b>           |                                                                              |
| STREET ADDRESS | <b>572 Appleyard Dr</b>           |                                                                              |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32304</b>      |                                                                              |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Mitchell, Stan</b>             |                                                                              |
| STREET ADDRESS | <b>267 John Knox #108</b>         |                                                                              |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32303</b>      |                                                                              |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Berlinger, June</b>            |                                                                              |
| STREET ADDRESS | <b>Lively Tech Nursing School</b> |                                                                              |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32310</b>      |                                                                              |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |                                                                              |
| STREET ADDRESS |                                   |                                                                              |
| CITY-ST-ZIP    |                                   |                                                                              |

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:

*Jill McArthur* **Treasurer** *4/29/03* **850 414-3316**

CR2E037 (10/02)