2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000001658

RI FILED Aug 25, 2011 Secretary of State

Entity Name: BIG BEND HOSPICE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1723 MAHAN CENTER BLVD TALLAHASSEE, FL 323085428 US

Current Mailing Address: New Mailing Address:

1723 MAHAN CENTER BLVD TALLAHASSEE, FL 323085428 US

FEI Number: 59-3258493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADKISON, CATHY M 1723 MAHAN CENTER BLVD. TALLAHASSEE, FL 32308 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CT

Name: LINES, BLUCHER B Address: POST OFFICE BOX 550 City-St-Zip: QUINCY, FL 32353

Title: ST

 Name:
 LAUDER, WILMA

 Address:
 3100 LAUDER PLACE

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: F

Name: ADKISON, CATHY M
Address: 1723 MAHAN CENTER BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: TT

 Name:
 DIXON, SAMMIE

 Address:
 3409 BLUE QUILL LANE

 City-St-Zip:
 TALLAHASSEE, FL 32312

Title: ED

Name: WILSON, PAMELA

Address: 1723 MAHAN CENTER BLVD. City-St-Zip: TALLAHASSEE, FL 32308

Title:

Name: HOLDER, MELINDA
Address: 1723 MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: CATHY M ADKISON P 08/25/2011