

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 28, 2012
Secretary of State

DOCUMENT# N95000001658

Entity Name: BIG BEND HOSPICE FOUNDATION, INC.**Current Principal Place of Business:**1723 MAHAN CENTER BLVD
TALLAHASSEE, FL 323085428 US**New Principal Place of Business:****Current Mailing Address:**1723 MAHAN CENTER BLVD
TALLAHASSEE, FL 323085428 US**New Mailing Address:****FEI Number:** 59-3258493**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ADKISON, CATHY M
1723 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**

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: P
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: T
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: MELINDA HOLDER

T

06/28/2012

Electronic Signature of Signing Officer or Director

Date