


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90055 047 \*\*\*\*61.25

<b>DOCUMENT # N95000005475</b>					
<b>1. Entity Name</b> BIG BEND AREA HEALTH EDUCATION CENTER, INC.					
<b>Principal Place of Business</b> 325 JOHN KNOX RD BUILDING M SUITE 200 TALLAHASSEE, FL 32303 US			<b>Mailing Address</b> 325 JOHN KNOX RD BUILDING M SUITE 200 TALLAHASSEE, FL 32303-6299 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3345711	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  AUBREY, ANDREE 325 JOHN KNOX ROAD BUILDING M SUITE 200 TALLAHASSEE, FL 32303			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> BECK, JACQUELINE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DP	<b>NAME</b> William Long MSM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2312 TRESCOTT DR	TALLAHASSEE, FL 32312		<b>STREET ADDRESS</b> 3045 Fourth Street	Marianna, Florida 32446	
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL 32312		<b>CITY-ST-ZIP</b>	Marianna, Florida 32446	
<b>TITLE</b> DST	<b>NAME</b> BONTEAGER, LABAN	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> BOX 10	BRISTOL, FL 323210010		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	BRISTOL, FL 323210010		<b>CITY-ST-ZIP</b>		
<b>TITLE</b> DVP	<b>NAME</b> MADDOX, KIM	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> FSU COLLEGE OF SOCIAL WORK	TALLAHASSEE, FL 32306		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL 32306		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Andree Aubrey</i>			1/10/07 850-224-1177		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					