

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005475

FILED
Jan 08, 2008
Secretary of State

Entity Name: BIG BEND AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

325 JOHN KNOX RD
BUILDING M SUITE 200
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX RD
BUILDING M SUITE 200
TALLAHASSEE, FL 323036299 US

New Mailing Address:

FEI Number: 59-3345711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUBREY, ANDREE
325 JOHN KNOX ROAD
BUILDING M SUITE 200
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

STANLEY, GLENDA
325 JOHN KNOX ROAD
BUILDING M SUITE 200
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: GLENDA STANLEY

01/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MSM () Delete
Name: LONG, WILLIAM
Address: 3045 FOURTH STREET
City-St-Zip: MARIANNA, FL 32446

Title: DST () Delete
Name: BONTEAGER, LABAN
Address: BOX 10
City-St-Zip: BRISTOL, FL 323210010

Title: DVP () Delete
Name: MADDOX, KIM
Address: FSU COLLEGE OF SOCIAL WORK
City-St-Zip: TALLAHASSEE, FL 32306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: BONTRAGER, LABAN
Address: BOX 10
City-St-Zip: BRISTOL, FL 323210010

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: WILLIAM LONG

MSM

01/08/2008

Electronic Signature of Signing Officer or Director

Date