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FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthary
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003723 (1)

1. Corporation Name

BIG BEND CENTER FOR HUMAN SERVICES INC.



Principal Place of Business

Mailing Address

777 OLD BETHEL RD.
CRAWFORDVILLE FL 32321

777 OLD BETHEL RD.
CRAWFORDVILLE FL 32327-1210

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 592

22 City & State

27 City & State

23 Zip Country

28 Crawfordville, FL
29 32327 30 Wakulla

3. Date Incorporated or Qualified
07/15/1996

3a. Date of Last Report

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMONS, GLENN
777 OLD BETHEL RD.
CRAWFORDVILLE FL 32321

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/M/D / Treasurer
NAME Glenn Simmons
STREET ADDRESS 777 Old Bethel Rd
CITY-ST-ZIP Crawfordville, FL

TITLE Treasurer (T)
NAME Catherine Bishop
STREET ADDRESS 1408 Hendrix Rd.
CITY-ST-ZIP Tallahassee, FL 32304

TITLE Secretary / Trustee (T)
NAME Jags Willis
STREET ADDRESS 237 Pond Pine St
CITY-ST-ZIP Tallahassee, FL 32320

TITLE Vice President / Trustee
NAME Joe Simmons
STREET ADDRESS 256 Oakmead Dr.
CITY-ST-ZIP Tallahassee, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)