

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90109 036 ****61.25

DOCUMENT # N96000003723

1. Corporation Name

BIG BEND CENTER FOR HUMAN SERVICES INC.

Principal Place of Business

777 OLD BETHEL RD.
CRAWFORDVILLE FL 32321

540 West Brevard St
Tall. Fl. 32304

Mailing Address

PO BOX 532
CRAWFORDVILLE FL 32327

US 540 W. Brevard St
Tall. Fl. 32304



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

59-3272544

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

9. Name and Address of Current Registered Agent

SIMMONS, GLENN
777 OLD BETHEL RD.
CRAWFORDVILLE FL 32321

8136 Holly Ridge Tr.
Tall. Fl. 32308

10. Name and Address of New Registered Agent

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

TITLE DMDT ☐ DELETE

NAME SIMMONS, GLENN
STREET ADDRESS 777 OLD BETHEL RD
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE T ☐ DELETE

NAME BISHOP, CATHERINE
STREET ADDRESS 1408 HENDRIX RD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ST ☒ DELETE

NAME WILLIS, FAYE
STREET ADDRESS 237 POND PINE ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☐ DELETE

NAME ZURSCHIMIDE, DEBRA
STREET ADDRESS 2729 BLAIRSTONE LANE
CITY-ST-ZIP TALLAHASSEE FL

TITLE (T) Corusca Alexandra Boler ☐ DELETE

NAME 725 North Moscomb.
STREET ADDRESS Tall. Fl. 32303
CITY-ST-ZIP

TITLE (T) Helen Boldt ☐ DELETE

NAME 2110 Spencer Avenue
STREET ADDRESS Tall. Fl. 32312
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99 222-5640
Date Daytime Phone #

CR2E037 (11/98)