~~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
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90028 042 ****70.00

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DOCUMENT # N96000004165

1. Corporation Name
BIG BEND JOBS AND EDUCATION COUNCIL, INC.

Principal Place of Business	Mailing Address
BBJEC @ TCC. 444 APPLEYARD DRIVE ADMINISTRATION BLDG.. ROOM 227 TALLAHASSEE FL 32304-2895	BBJEC @ TCC. 444 APPLEYARD DRIVE ADMINISTRATION BLDG.. ROOM 227 TALLAHASSEE FL 32304-2895

2. Principal Place of Business 21	2a. Mailing Address 26 565 E. Tennessee Street	3. Date Incorporated or Qualifed 08/08/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tallahassee, FL	5. Certifcate of Status Desired XXX — $8.75 Additional Fee Required
Zip / Country 24 25	Zip / Country 29 32308 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARYANSKI, LIZ
TCC, 444 APPLEYARD DRIVE
ADMINISTRATION BLDG., ROOM 208
TALLAHASSEE FL 32304

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 Liz Maryanski, VP Admin Svcs DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUPONT, JANEY		1.2 NAME		
STREET ADDRESS	P.O. BOX 60, N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32353		1.4 CITY-ST-ZIP		
TITLE	VCT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TALIAFERRO, LEN		2.2 NAME		
STREET ADDRESS	MS FLTLHO 0104, BOX 2214, N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32316-2214		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THORNTON, GLENDA		3.2 NAME		
STREET ADDRESS	P.O. BOX 1454, N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32302		3.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, IRVINE		4.2 NAME		
STREET ADDRESS	1819 W. TENNESSEE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32304		4.4 CITY-ST-ZIP		
TITLE	EDT	☐ DELETE	5.1 TITLE	EDT	XX Change ☐ Addition
NAME	BENNETT, JAMES R		5.2 NAME	Pope, Jeptha Wyatt	
STREET ADDRESS	TCC, 444 APPLEYARD DR., ADMN. BLDG. RM 227		5.3 STREET ADDRESS	565 East Tennessee Street	
CITY-ST-ZIP	TALLAHASSEE FL 32304-2895		5.4 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 1.21.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #