

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90006 037 ****61.25

DOCUMENT # N96000004165	
1. Entity Name BIG BEND JOBS AND EDUCATION COUNCIL, INC.	

Principal Place of Business 325 JOHN KNOX RD BUILDING F-140 TALLAHASSEE, FL 32303	Mailing Address 325 JOHN KNOX RD BUILDING F-140 TALLAHASSEE, FL 32303
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



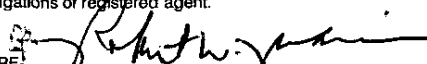
03032004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3633062	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POPE, J.WYATT - 325 JOHN KNOX RD BUILDING F-140 TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Bodine, Robert Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

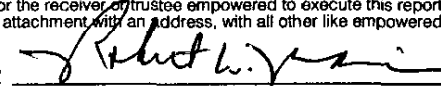
SIGNATURE:  DATE: **3/3/04**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT THORNTON, GLENDA PO BOX 508 TALLAHASSEE, FL 32302 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (ST) Bill Colledge 217 North Monroe St. Tallahassee, FL 32301 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT BARKLEY, ROBERT PO BOX 1726 QUINCY, FL 32353 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Chair (CT) ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, DEBRA PO BOX 189 QUINCY, FL 32353 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (TT) ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT ROUTA, ROBERT PO BOX 1600 CRAWFORDVILLE, FL 32326 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair (VCT) ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BODINE, ROBERT 325 JOHN KNOX RD BLDG. F-140 TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WYATT, POPE J 325 JOHN KNOX RD BLDG F-140 TALLAHASSEE, FL 32303 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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.

SIGNATURE:  DATE: **3/3/04** (850) 414-6085 (210)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR