## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600004165

STREET ADDRESS

TREET ADDRESS

ITY-ST-ZIP

CITY-ST-ZIP

BIG BEND JOBS AND EDUCATION COUNCIL, INC.

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<b>设置</b>	THE PROPERTY OF THE PROPERTY O

Principal Place of Business Mailing Address 325 JOHN KNOX RD 325 JOHN KNOX RD **BUILDING F-140 BUILDING F-140** TALLAHASSEE FL 32303

TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address

**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90428 028 \*\*\*\*70.00

· vvuo3822



			J. Mailing Address			'U (O) O O) (O) (O) (O) (O) (O) (O) (O) (O			
Suite,	Suite, Apt. #, etc.					a racia acitt tatti bailt 10111 10111 11111 11111	Till REMAL FIMI	8 81161 BUU (88)	
City 8	State		Suite, Apt. #, etc.		[	CHECK HERE IF MAKIN	G CHANG	ES	
City o	State		City & State						
Zip		Country			4. FEI Number	59-3633062	<u> </u>	Applied For	
		Country	Zip	Country	5.0		00.75	Not Applicat	e
	. 6. Name	and Address of Current Reg	intered 4		5. Certificate of	f Status Desired	<b>\$8.75</b> Fee Requ	Additional	-
		Neg	istered Agent		7. Name and A	ddress of New Registered	Agent	11160	4
POPE.	, J WYATT			Name			Agent		4
325 J	DHN KNOX RD			Street /	Address (P.O. Box Number is	- N			١
	ING F-140					s Not Acceptable)			
TALLA	HASSEE FL 32	303							4
		<del>,</del>		City					١
8. The ab	ove named entity	submits this statement for the red agent.				FL	Zip Co	ode	٦
the obli	igations of registe	ered agent.	purpose of changing its	registered office or	r registered agent, or both, i	n the State of Florida Lam f	iomiliae with		_
						The state of the s	annar will	i, and accep	
SIGNATUR	RE								1
	Signature, typed o	r printed name of registered agent and title	if applicable (NOT)			_			1
			(NOT	a: Registered Agent signatu	ure required when reinstating)	DATE			
		<u>-</u>				<del></del>			
	FILE NOW:	FEE IS \$61.25	9. Election Can	mpaign Financing	<b>\$5.00</b> мау Ве	Make Cheek			7
			Trust Fund C	ontribution. [	Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.		OFFICERS AND DIRECTO	DPC -			1			
TITLE	CT			11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE	ECTORS II	V 10	4
NAME	THORNTON,	GLENDA	☐ Delete	TITLE			☐ Change		15
STREET ADDRESS	s   PO BOX 508	<b>!</b>		NAME		:	∟ change	☐ Addition	CR2E037 (10/02)
CITY-ST-ZIP	TALLAHASSE	E FL 32302		STREET ADDRESS CITY-ST-ZIP					1
TITLE	VCT			<del></del>					27
NAME	BARKLEY, R	OBERT	☐ Delete	TITLE			 Change		2E(
Street address	PO BOX 172	ß		NAME		L	change	Addition	18
CITY-ST-ZIP	QUINCY FL 3	2353		STREET ADDRESS					_
TITLE	ST			CITY-ST-ZIP	<u> </u>				
NAME	SMITH, DEBR	A	☐ Delete	TITLE		-—————			
STREET ADDRESS		•		NAME		L	Change	☐ Addition	
CITY-ST-ZIP	QUINCY FL 3	2353		STREET ADDRESS					
ITLE	TT			CITY-ST-ZIP					
AME	ROUTA, ROBE	RT	☐ Delete	TITLE					
TREET ADDRESS	PO BOX 1600	,		NAME		L	] Change	☐ Addition	
ITY-ST-ZIP				STREET ADDRESS					
		IIFFI 32328							
TLE	CFO CFO	LLE FL 32326		CITY-ST-ZIP				- 1	
TLE AME	CFO BODINE, ROBI		☐ Delete	CITY-ST-ZIP TITLE		<del></del> <u>-</u>	1 0:		

TALLAHASSEE FL 32303 2. 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 changed, or on an attachment with an address, with all other like engagement.

The provided Hard Statutes is a statute of the corporation 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 CITY-ST-ZIP

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🕿

325 JOHN KNOX RD BLDG. F-140

325 JOHN KNOX RD BLDG F-140

TALLAHASSEE FL 32303

WYATT, POPE J

144 03

(85E) 414-1406K

☐ Change

☐ Change

☐ Addition

☐ Addition