

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

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

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

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3633062**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CT	☐ Delete
NAME	THORNTON, GLENDA	
STREET ADDRESS	PO BOX 508	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	VCT	☐ Delete
NAME	BARKLEY, ROBERT	
STREET ADDRESS	PO BOX 1726	
CITY-ST-ZIP	QUINCY FL 32353	
TITLE	ST	☐ Delete
NAME	SMITH, DEBRA	
STREET ADDRESS	PO BOX 189	
CITY-ST-ZIP	QUINCY FL 32353	
TITLE	TT	☐ Delete
NAME	ROUTA, ROBERT	
STREET ADDRESS	PO BOX 1600	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
TITLE	CFO	☐ Delete
NAME	BODINE, ROBERT	
STREET ADDRESS	325 JOHN KNOX RD BLDG. F-140	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	CEO	☐ Delete
NAME	WYATT, POPE J	
STREET ADDRESS	325 JOHN KNOX RD BLDG F-140	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 answered.

SIGNATURE:

J. WYATT POPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

(6856) 414-1685

CR2E037 (10/02)