


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

99 SEP 15 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003672					
1. Corporation Name EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF THE BIG BEND, INC.					
Principal Place of Business 2121 KILLARNEY WAY SUITE G TALLAHASSEE FL 32308-3400			Mailing Address 2121 KILLARNEY WAY SUITE G TALLAHASSEE FL 32308-3400		



2. Principal Place of Business 21 3815 Concord Rd. Suite, Apt. #, etc. City State 23 Havana Zip Country 24 32333 25		2a. Mailing Address 26 same Suite, Apt. #, etc. City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/23/1998	
				4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BOND, NATHAN 2121 KILLARNEY WAY SUITE G TALLAHASSEE FL 32308-3400				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1511 Alshire Ct 83 84 City Tallahassee FL 85 Zip Code 32311	

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] DATE 9/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINK, KIM	1.2 NAME	Steve Smith
STREET ADDRESS	2604 FARINGTON DRIVE	1.3 STREET ADDRESS	1113 OX BOTTOM RD
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORREST, TERRY	2.2 NAME	
STREET ADDRESS	306 BEAVER LAKE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, JACK	3.2 NAME	400002989504--8
STREET ADDRESS	313 WILLIAMS STREET	3.3 STREET ADDRESS	-09/17/99--01036--002
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	DD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOXSEE, JEFF	4.2 NAME	
STREET ADDRESS	4060 ROWELING OAKS CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Judy Perry
STREET ADDRESS		5.3 STREET ADDRESS	3815 Concord Rd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Havana FL 32333
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] DATE 9-15-99 (850) 539-6539