

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005133

1. Corporation Name

THE BIG BEND CHAPTER OF THE AUTISM SOCIETY OF AMERICA #586, INC.

Principal Place of Business

2026 MORNING DOVE RD
TALLAHASSEE FL 32312-3730

Mailing Address

2026 MORNING DOVE RD.
TALLAHASSEE FL 32312-3730

99 OCT -5 PM 3:18



2 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 3241 Earl Drive	26 3241 Earl Drive	09/09/1998		<input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22 City & State	27 City & State	5. Certificate of Status Desired	8.75 Additional Fee Required	
23 Tallahassee, Florida	28 Tallahassee, Florida	<input type="checkbox"/>		
24 32308	29 32308	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees	
Country	Country	<input type="checkbox"/>		
25 US	30 US			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
NELSON, CARMEN 2306 DOMINGO DR. TALLAHASSEE FL 32304-1311				
81 Name				
82 Street Address (P.O. Box Number is Not Acceptable)				
83				
84 City		85 Zip Code		
		FL		

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	TITLE	1.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	2.1 TITLE	TITLE	2.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	3.1 TITLE	TITLE	3.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	4.1 TITLE	TITLE	4.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	5.1 TITLE	TITLE	5.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	6.1 TITLE	TITLE	6.1 TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

04/20/99 90050 043 70.00

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:

Kelly Purvis

August 17, 1999

Daytime Phone #

850-893-9253

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CR2E037 (5/99)