

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735175

Entity Name: 2-1-1 BIG BEND, INC.**Current Principal Place of Business:**4482 ARGYLE LANE
TALLAHASSEE, FL 32309**Current Mailing Address:**PO BOX 10950
TALLAHASSEE, FL 32302 US**FEI Number:** 51-0201771**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KING, KIMBERLY
1701 HERMITAGE BLVD.
SUITE 104
TALLAHASSEE, FL 32308-7796 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	FUQUA, JASON
Address	4300 GROVE PARK DR.
City-State-Zip:	TALLAHASSEE FL 32311

Title	IMMEDIATE PAST CHM
Name	PASINI, AL
Address	24 CARRIAGE DRIVE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	CHAIRMAN
Name	WHITE, POLLY
Address	P.O. BOX 15349
City-State-Zip:	TALLAHASSEE FL 32317

Title	P
Name	NICKLAUS, RANDALL S
Address	4482 ARGYLE LN
City-State-Zip:	TALLAHASSEE FL 32309

Title	SECRETARY
Name	GAGLIANO, CAROL
Address	3453 BRIAR BRANCH TRAIL
City-State-Zip:	TALLAHASSEE FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RANDALL S NICKLAUS

PRESIDENT

01/06/2016

Electronic Signature of Signing Officer/Director Detail_____
Date