

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21254

Entity Name: BIG BEND HOMELESS COALITION, INC.**Current Principal Place of Business:**2729 WEST PENSACOLA ST.
TALLAHASSEE, FL 32304**Current Mailing Address:**325 JOHN KNOX RD BLDG B
TALLAHASSEE, FL 32303 US**FEI Number:** 59-2898810**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, SYLVIA W
325 JOHN KNOX RD BLDG B
TALLAHASSEE, FL 32303 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:** SYLVIA W. SMITH

02/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MOON, ABIGAIL W
Address 516 BEVERLY ST
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name HANNA, JAMES PATRICK
Address 3337 ADDISON LN
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name FROST, KAREN
Address 9916 TURTLE DOVE WAY
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name KAHN, DAVID
Address 5355 CARISBROOKE LANE
City-State-Zip: TALLAHASSEE FL 32309

Title TREASURER
Name XAYABOUTH, KHANTY
Address 1117 WAVERLY ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT
Name SHEFFIELD, PATRICK
Address 1951 N MERIDIAN RD APT 26
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name CALIXTE, GARY
Address 2203 W. PENSACOLA ST
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR
Name ROGERS, SAM
Address 3710 GALWAY DR
City-State-Zip: TALLAHASSEE FL 32309

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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: SYLVIA W. SMITH**EXECUTIVE DIRECTOR**

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAMILTON, TIFFANY
Address 118 SALEM CT
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name JONES, ANDREA
Address 700 BIVINS AVE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name WHITE, CHARVICK
Address 1616 KAY AVE
City-State-Zip: TALLAHASSEE FL 32301

Title CEO
Name SMITH, SYLVIA W.
Address 1606 CHINNAPAKIN AVE
City-State-Zip: TALLAHASSEE FL 32301