

**2017 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

03/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

**Continues on page 2**

*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**

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                DIRECTOR  
Name               QUINTON, MELANIE  
Address            5753 COUNTRYSIDE DR  
City-State-Zip:   TALLAHASSEE FL 32317

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

Title                DIRECTOR  
Name               HALL, CHERIE  
Address            4580 RUNNING MEADOW LANE  
City-State-Zip:   TALLAHASSEE FL 32303