

2019 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 A
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 A
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

02/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name FREELAND, MONICA
Address 2618 CENTENNIAL PLACE
City-State-Zip: TALLAHASSEE FL 32308

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

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

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

Title TREASURER
Name NUNNALLY, SAM
Address 6265 OLD WATER OAK RD
City-State-Zip: TALLAHASSEE FL 32312

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: IMMANUEL DHANARAJAN**DIRECTOR OF FINANCE**

02/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PATE, TENA
Address 1948 QUEENSWOOD DR.
City-State-Zip: TALLAHASSEE FL 32303

Title CFO
Name DHANARAJAN, IMMANUEL
Address 1808 BITTER ROOT TRL
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name STREATER, BOB
Address 300 EAST PARK AVE
City-State-Zip: TALLAHASSEE FL 32301