

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003538

**Entity Name:** BIG BROTHERS BIG SISTERS OF AMERICA CORPORATION

**Current Principal Place of Business:**

2502 N ROCKY POINT DR STE 550  
TAMPA, FL 33607

**Current Mailing Address:**

2502 NORTH ROCKY POINT DR. STE 550  
TAMPA, FL 33607 US

**FEI Number: 23-1365190**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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            PRESIDENT  
Name            STEVENS, CEO, ARTIS  
Address        2502 N ROCKY POINT DR STE 550  
City-State-Zip: TAMPA FL 33607

Title            TREASURER  
Name            CHEN CARRERA, EMILY  
Address        2502 N ROCKY POINT DR STE 550  
City-State-Zip: TAMPA FL 33607

Title            SECRETARY  
Name            BERNSTEIN, LEONARD A  
Address        2502 N ROCKY POINT DR STE 550  
City-State-Zip: TAMPA FL 33607

Title            TREASURER  
Name            MIDKIFF, TIM  
Address        2502 N ROCKY POINT DR STE 550  
City-State-Zip: TAMPA FL 33607

Title            CHAIR  
Name            CARREL, MICHAEL  
Address        2502 N ROCKY POINT DR STE 550  
City-State-Zip: TAMPA FL 33607

*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: TIM MIDKIFF**

**TREASURER**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date