

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713803 (5)
1. Corporation Name
BIG BROTHERS/ BIG SISTERS OF PINELLAS COUNTY, INC



Principal Place of Business: 147 BELCHER RD., STE. 4 LARGO FL 34641
Mailing Address: 147 BELCHER RD., STE. 4 LARGO FL 34641

3. Date Incorporated or Qualified: 12/14/1967
3a. Date of Last Report: 04/24/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1197491		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	Zip		8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes
30		30	Country			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESSLINGER, THOMAS H.
147 BELCHER RD STE 4
LARGO FL 34641

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Thomas H. Esslinger, Executive Director DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLLEY, ROBERT	12 NAME	900001795589
STREET ADDRESS	13 FERNBROOKE DR	13 STREET ADDRESS	-04/26/96--01019--036
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP	***122.50
TITLE	TRES D	21 TITLE	Treas.
NAME	SMITH, BASIL G	22 NAME	Eric Treichel
STREET ADDRESS	P.O. BOX 22388	23 STREET ADDRESS	Barnett Bank, 600 Cleveland St.
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	Clearwater, FL 34615
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, DIANE M.	32 NAME	
STREET ADDRESS	14331 - 60TH STREET N.	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	SEC D	41 TITLE	Sec. D
NAME	CAVANAUGH, CRAIG	42 NAME	Lynn Meyer
STREET ADDRESS	9800 4TH STREET N SUITE 100	43 STREET ADDRESS	First Union Bank - 5250 E. Bay Dr.
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	P D	51 TITLE	V.P. D
NAME	WHITE, LANGFRED	52 NAME	Lucy Chapman
STREET ADDRESS	28059 U.S. HIGHWAY 19N #203	53 STREET ADDRESS	WFLA-Radio 4002 A Gandy Blvd.
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	Tampa, FL 33611
TITLE	D	61 TITLE	V.P. D
NAME	ESSLINGER, THOMAS H.	62 NAME	Joe Schrage
STREET ADDRESS	147 BELCHER RD STE 4	63 STREET ADDRESS	300 First Ave. S., Suite 300
CITY-ST-ZIP	LARGO FL	64 CITY-ST-ZIP	St. Petersburg, FL 33701

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under s. 199.03(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Thomas H. Esslinger DATE: 4/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
813-530-5744
Daytime Phone #

CR2E037 (12/95)

6-2-96