

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

**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	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. Zip Code	

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	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOLLEY, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>13 FERNBROOKE DR</b>	1.3 STREET ADDRESS	<b>900001795589</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	1.4 CITY-ST-ZIP	<b>-04/26/96--01019--036</b>
TITLE	<b>TRES D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, BASIL G</b>	2.2 NAME	<b>Treas.</b>
STREET ADDRESS	<b>P.O. BOX 22388</b>	2.3 STREET ADDRESS	<b>Eric Treichel</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY-ST-ZIP	<b>Barnett Bank, 600 Cleveland St.</b>
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARGENT, DIANE M.</b>	3.2 NAME	<b>Clearwater, FL 34615</b>
STREET ADDRESS	<b>14331 - 60TH STREET N.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SEC D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAVANAUGH, CRAIG</b>	4.2 NAME	<b>Sec. D</b>
STREET ADDRESS	<b>9800 4TH STREET N SUITE 100</b>	4.3 STREET ADDRESS	<b>Lynn Meyer</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>First Union Bank - 5250 E. Bay Dr.</b>
TITLE	<b>PD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITE, LANGFRED</b>	5.2 NAME	<b>V.P. D</b>
STREET ADDRESS	<b>28059 U.S. HIGHWAY 19N #203</b>	5.3 STREET ADDRESS	<b>Lucy Chapman</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP	<b>WFLA-Radio 4002 A Gandy Blvd.</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESSLINGER, THOMAS H.</b>	6.2 NAME	<b>V.P. D</b>
STREET ADDRESS	<b>147 BELCHER RD STE 4</b>	6.3 STREET ADDRESS	<b>Joe Schrage</b>
CITY-ST-ZIP	<b>LARGO FL</b>	6.4 CITY-ST-ZIP	<b>300 First Ave. S., Suite 300</b>

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, unchanged, 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