

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33771
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1967	3a. Date of Last Report 06/02/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-1197491	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice Pres <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOLLEY, ROBERT	1.2 NAME	Brubaker, Clayton
STREET ADDRESS	13 FERNBROOKE DR	1.3 STREET ADDRESS	Xerox Corp.
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	42 W. Cypress St. #100 Tampa, FL 33607
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	Vice Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREICHEL, ERIC	2.2 NAME	Gray, Pamela
STREET ADDRESS	600 CLEVELAND STREET	2.3 STREET ADDRESS	Allstate 780 Carillon Pkwy. #400
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARGENT, DIANE M.	3.2 NAME	Walder, Keith
STREET ADDRESS	14331 - 60TH STREET N.	3.3 STREET ADDRESS	P.O. Box 6865 Clearwater, FL 34618
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, LYNN	4.2 NAME	
STREET ADDRESS	5250 EAST BAY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, LANGFRED	5.2 NAME	
STREET ADDRESS	28059 U.S. HIGHWAY 19N #203	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSLINGER, THOMAS H.	6.2 NAME	
STREET ADDRESS	147 BELCHER RD STE 4	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* (NOTE: Signature required for reinstating) 4/20/97 812-530-9744

CR2E037 (9/96)