

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>147 BELCHER RD., STE. 4 LARGO FL 34641</b>	Mailing Address <b>147 BELCHER RD., STE. 4 LARGO FL 33771</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/14/1967</b>	3a. Date of Last Report <b>06/02/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1197491</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Country	29 Zip	30 Country	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	
<b>ESSLINGER, THOMAS H. 147 BELCHER RD STE 4 LARGO FL 34641</b>				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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