

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant 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 918 WEST BAY DRIVE LARGO FL 33770	Mailing Address 918 WEST BAY DRIVE LARGO FL 33770	3. Date Incorporated or Qualified 12/14/1967
		4. FEI Number 59-1197491
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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)	918 West Bay Drive		
				83 City	Largo FL 33770		
				84 Zip Code	FL	33770	

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 VP	<input type="checkbox"/> DELETE	1.1 TITLE Treasurer (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUBAKER, CLAYTON		1.2 NAME Brubaker, Clayton	
STREET ADDRESS XEROX CORP., 42 W. CPYRESS ST., #100		1.3 STREET ADDRESS Xerox Corp. 42 W. Cyoress St. #100	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa FL 33607	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TREICHEL, ERIC		2.2 NAME Robert Jolley	
STREET ADDRESS 000 CLEVELAND STREET		2.3 STREET ADDRESS 13 Fernbrooke Dr.	
CITY-ST-ZIP CLEARWATER FL 34615		2.4 CITY-ST-ZIP Safety Harbor FL 34695	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE VP (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SARGENT, DIANE M.		3.2 NAME Sargent, Diane	
STREET ADDRESS 14331 - 60TH STREET N.		3.3 STREET ADDRESS 14331 60th St. N.	
CITY-ST-ZIP CLEARWATER FL		3.4 CITY-ST-ZIP Clearwater FL 33760	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEYER, LYNN		4.2 NAME Meyer, Lynn	
STREET ADDRESS 5250 EAST BAY DRIVE		4.3 STREET ADDRESS 5250 East Bay Dr.	
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP Clearwater FL 33764	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE Past President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, LANGFRED		5.2 NAME White, Langfred	
STREET ADDRESS 28059 U.S. HIGHWAY 19N #203		5.3 STREET ADDRESS 28059 U.S. Highway 19N #203	
CITY-ST-ZIP CLEARWATER FL		5.4 CITY-ST-ZIP Clearwater FL 33761	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE Exec. Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESSLINGER, THOMAS H.		6.2 NAME Esslinger, Thomas H.	
STREET ADDRESS 918 BELCHER RD STE 4		6.3 STREET ADDRESS 918 West Bay Drive	
CITY-ST-ZIP LARGO FL		6.4 CITY-ST-ZIP Largo FL 33770	

14. I 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** 4/21/98

CR2E037 (10/97)