

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
-------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------

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	Applied For
4. FEI Number 59-1197491	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Zip
25 Country	30 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
**ESSLINGER, THOMAS H.
147 BELCHER RD STE 4
LARGO FL 34641**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 918 West Bay Drive
83 City Largo FL 33770
84 City Largo
85 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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRUBAKER, CLAYTON	
STREET ADDRESS	XEROX CORP., 42 W. CPYRESS ST., #100	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TREICHEL, ERIC	
STREET ADDRESS	000 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARGENT, DIANE M.	
STREET ADDRESS	14331 - 60TH STREET N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEYER, LYNN	
STREET ADDRESS	5250 EAST BAY DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, LANGFRED	
STREET ADDRESS	28059 U.S. HIGHWAY 19N #203	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESSLINGER, THOMAS H.	
STREET ADDRESS	147 BELCHER RD STE 4	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brubaker, Clayton	
1.3 STREET ADDRESS	Xerox Corp. 42 W. Cyoress St. #100	
1.4 CITY-ST-ZIP	Tampa FL 33607	
2.1 TITLE	VP (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Jolley	
2.3 STREET ADDRESS	13 Fernbrooke Dr.	
2.4 CITY-ST-ZIP	Safety Harbor FL 34695	
3.1 TITLE	VP (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sargent, Diane	
3.3 STREET ADDRESS	14331 60th St. N.	
3.4 CITY-ST-ZIP	Clearwater FL 33760	
4.1 TITLE	President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Meyer, Lynn	
4.3 STREET ADDRESS	5250 East Bay Dr.	
4.4 CITY-ST-ZIP	Clearwater FL 33764	
5.1 TITLE	Past President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	White, Langfred	
5.3 STREET ADDRESS	28059 U.S. Highway 19N #203	
5.4 CITY-ST-ZIP	Clearwater FL 33761	
6.1 TITLE	Exec. Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Esslinger, Thomas H.	
6.3 STREET ADDRESS	918 West Bay Drive	
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.

Thomas H. Esslinger 4/21/98

SIGNATURE: _____

CR2E037 (10/97)