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Apr 27, 1999 8:00 am
Secretary of State

0055373

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

04-27-1999 90213 055 *****8.75
 04-27-1999 90213 056 *****61.25

DOCUMENT # 713803

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/14/1967

4. FEI Number

59-1197491

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ESSLINGER, THOMAS H.
 918 WEST BAY DRIVE
 LARGO FL 33770

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE: TD
 NAME: BRUBAKER, CLAYTON
 STREET ADDRESS: XEROX CORP., 42 W. CPYRESS ST., #100
 CITY-ST-ZIP: TAMPA FL 33607

TITLE: VPD DELETE
 NAME: JOLLEY, ROBERT
 STREET ADDRESS: 13 FERNBROOKE DR
 CITY-ST-ZIP: SAFETY HARBOR FL 34695

TITLE: VPD DELETE
 NAME: SARGENT, DIANE M.
 STREET ADDRESS: 14331 - 60TH STREET N.
 CITY-ST-ZIP: CLEARWATER FL 33760

TITLE: PD DELETE
 NAME: MEYER, LYNN
 STREET ADDRESS: 5250 EAST BAY DRIVE
 CITY-ST-ZIP: CLEARWATER FL 33764

TITLE: PPD DELETE
 NAME: WHITE, LANGFRED
 STREET ADDRESS: 28059 U.S. HIGHWAY 19N #203
 CITY-ST-ZIP: CLEARWATER FL 33761

TITLE: EDD DELETE
 NAME: ESSLINGER, THOMAS H.
 STREET ADDRESS: 918 WEST BAY DRIVE
 CITY-ST-ZIP: LARGO FL 33770

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Vice President Change Addition
 1.2 NAME: Brubaker, Clayton
 1.3 STREET ADDRESS: Forsythe Solutions, 3001 N. Rocky Pt.
 1.4 CITY-ST-ZIP: Tampa FL 33607

2.1 TITLE: Vice President Change Addition
 2.2 NAME: Nikodem, Barry
 2.3 STREET ADDRESS: Allstate, 800 Carillon Pkwy.
 2.4 CITY-ST-ZIP: St. Petersburg FL 33715

3.1 TITLE: Treasurer/Secretary Change Addition
 3.2 NAME: McAleer, Kay
 3.3 STREET ADDRESS: Premier Bank, P.O. Box 2910
 3.4 CITY-ST-ZIP: Largo FL 33779-2910

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-ST-ZIP:

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, with all other like empowered.

SIGNATURE:

Thomas Esslinger SIGNATURE REQUIRED THOMAS ESSLINGER 4/21/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)