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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

\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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

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

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

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

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

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

TITLE: EDD
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
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
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
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:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

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

6.1 TITLE:
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:

SIGNATURE REQUIRED THOMAS ESSLINGER 4/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)