


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90065 012 ****70.00

DOCUMENT # 713803 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1197491	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROLSTON, SUSAN 918 WEST BAY DRIVE LARGO, FL 33770				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURTREY, BRAD		NAME	BRAD MCMURTREY	
STREET ADDRESS	2353 ALLIGATOR CREEK ROAD		STREET ADDRESS	300 N. LINCOLN AVENUE	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	TSSE	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM, CAWTHON		NAME	TOM CAWTHON	
STREET ADDRESS	8575 LARGO LAKES DRIVE		STREET ADDRESS	10617 ANDREW LANE	
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP	LARGO, FL 33777	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, LANGFRED		NAME	SCOTT FISHER	
STREET ADDRESS	32700 US HIGHWAY 19 N		STREET ADDRESS	132 98th AVENUE NE	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLSTON, SUSAN		NAME	COURT JAMES	
STREET ADDRESS	918 WEST BAY DRIVE		STREET ADDRESS	202 TOLEDO WAY NE	
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA, LETIZIO		NAME	LISA LETIZIO	
STREET ADDRESS	1 HSN DRIVE		STREET ADDRESS	3006B W JULIA STREET	
CITY-ST-ZIP	ST. PETERSBURG, FL 33729		CITY-ST-ZIP	TAMPA FL 33729	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MIKE ROBERTSON	
STREET ADDRESS			STREET ADDRESS	2024 GEIGER COURT	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER, FL 33761	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SUSAN ROLSTON			1-23-07 727-581-8860 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					