

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PH 12: 22

DOCUMENT # **715586** (4)

1. Corporation Name  
**BIG BROTHERS/BIG SISTERS OF THE SUN COAST, INC.**

Principal Place of Business Mailing Address  
**530 US 41 BY PASS SO. STE.8A  
P O BOX 177 NA  
VENICE FL 34292**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/18/1968</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>59-1361826</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

**HALL, WAYNE  
1600 PECAN (NOKOMIS, FL)  
P.O. BOX 1576  
VENICE FL 34284-1576**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	<b>JOHN F. DOWD</b>
STREET ADDRESS	<b>1670 COLUMBIA DRIVE</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>
TITLE	P
NAME	<b>KALBFLEISCH, GEORGE</b>
STREET ADDRESS	<b>140 E. VENICE AVE.</b>
CITY - ST - ZIP	<b>VENICE FL</b>
TITLE	DVP
NAME	<b>HAGGARD, TOM</b>
STREET ADDRESS	<b>4027 SIREN ROAD</b>
CITY - ST - ZIP	<b>VENICE FL</b>
TITLE	BS
NAME	<b>BIRD, DIANA M.</b>
STREET ADDRESS	<b>200 NOKOMIS AVE.</b>
CITY - ST - ZIP	<b>VENICE FL</b>
TITLE	P
NAME	<b>ED HANNON</b>
STREET ADDRESS	<b>540 THE RIALTO</b>
CITY - ST - ZIP	<b>VENICE FL</b>
TITLE	D
NAME	<b>JOY F. MAHLER</b>
STREET ADDRESS	<b>2313 GOYA DR.</b>
CITY - ST - ZIP	<b>NOKOMIS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Steve Dudley</b>	
13 STREET ADDRESS	<b>1720 Glenhouse Dr.</b>	
14 CITY - ST - ZIP	<b>Sarasota, Fl. 34231</b>	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP	<b>Venice Fl 34285</b>	
31 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP	<b>Venice Fl. 34285</b>	
41 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	<b>1539 Waterford Dr</b>	
44 CITY - ST - ZIP	<b>Venice Fl 34292</b>	
51 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Joy Scibilia</b>	
53 STREET ADDRESS	<b>1052 Everest Rd</b>	
54 CITY - ST - ZIP	<b>Venice Fl 34293</b>	
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP	<b>Nokomis Fl 34275</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joy F. Mahler (11/5/95) (813) 488-4009  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR