

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **715586** (4)  
1. Corporation Name  
**BIG BROTHERS/BIG SISTERS OF THE SUN COAST, INC.**



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

3. Date incorporated or Qualified: 11/18/1968  
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1361826		<input checked="" type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HALL, WAYNE 1600 PECAN (NOKOMIS, FL) P.O. BOX 1576 VENICE FL 34284-1576				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, STEVE	1.2 NAME	Whittaker, Tom
STREET ADDRESS	1720 GLENHOUSE DR	1.3 STREET ADDRESS	1521 S. Tamiami Trail
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Venice, FL 34293
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALBFLEISCH, GEORGE	2.2 NAME	
STREET ADDRESS	140 E. VENICE AVE.	2.3 STREET ADDRESS	Venice, Fl 34285
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGGARD, TOM	3.2 NAME	Edmondson, John
STREET ADDRESS	4027 SIREN ROAD	3.3 STREET ADDRESS	200 E. Venice Ave
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Venice FL 34285
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, DIANA M.	4.2 NAME	Walker, Sandi
STREET ADDRESS	200 NOKOMIS AVE.	4.3 STREET ADDRESS	1320 E. Venice Ave
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIBILIA, JOY	5.2 NAME	
STREET ADDRESS	1052 EVEREST RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOY F. MAHLER	6.2 NAME	
STREET ADDRESS	2313 GOYA DR.	6.3 STREET ADDRESS	Nokomis Fl 34275
CITY-ST-ZIP	NOKOMIS FL	6.4 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE: Joy F. Mahler Date: 3/11/96 Daytime Phone #: (941) 488-4009

CR2E037 (12/95)