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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34292-2751
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2. Principal Place of Business 21 101 W.Venice Ave.Ste 34		2a. Mailing Address 26 P. O. Box 177		3. Date Incorporated or Qualified 11/18/1968	3a. Date of Last Report 03/14/1996
Suite, Apt #, etc. 22 P.O. Box 177 NA		Suite, Apt #, etc. 27		4. FEI Number 59-1361826	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Venice, Florida		City & State 28 Venice, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 34285	Country 25	Zip 29 34284	Country 30	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 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				FL	

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	T WHITTAKER, TOM 1521 S TAMiami TRAIL VENICE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P KALBFLEISCH, GEORGE 140 E. VENICE AVE. VENICE FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P Koda, John P. O. Box 1596 N/A Venice, Florida 34284
STREET ADDRESS		2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
	DV EDMONDSON, JOHN 200 E VENICE AVE VENICE FL	2.4 CITY - ST - ZIP	
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	DS WALKER, SANDI 1320 E VENICE AVE VENICE FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
	D JOY F. MAHLER 2313 GOYA DR. NOKOMIS FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Joy F. Mahler JOY F. Mahler, Executive Dir. (941) 488-4009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064518

CR2E037 (9/96)