

FILE NOW: FILING FEE IS \$61.25

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**Mar 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 101 W VENICE AVE. #34 P.O. BOX 177 N/A VENICE FL 34285 US	Mailing Address P.O. BOX 177 VENICE FL 34284 US
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3. Date Incorporated or Qualified 11/18/1968
4. FEI Number 59-1361826
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 101 W. Venice Avenue #34 Suite, Apt. #, etc.	2a. Mailing Address 28 P. O. Box 177 Suite, Apt. #, etc.
22 P. O. Box 177 NA City & State	27 Venice, Florida 34285 City & State
23 Venice, Florida 34285 Zip Country	28 Venice, Florida 34284 Zip Country
24 34285 25 Sarasota	29 34284 30 Sarasota

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 86 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	WHITTAKER, TOM
STREET ADDRESS	1521 S TAMiami TRAIL
CITY-ST-ZIP	VENICE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	KALBFLEISCH, GEORGE
STREET ADDRESS	140 E. VENICE AVE.
CITY-ST-ZIP	VENICE FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	EDMONDSON, JOHN
STREET ADDRESS	200 E VENICE AVE
CITY-ST-ZIP	VENICE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	WALKER, SANDI
STREET ADDRESS	1320 E VENICE AVE
CITY-ST-ZIP	VENICE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOY F. MAHLER
STREET ADDRESS	2313 GOYA DR.
CITY-ST-ZIP	NOKOMIS FL
TITLE	P <input type="checkbox"/> DELETE
NAME	KODA, JOHN
STREET ADDRESS	P.O. BOX 1598 N/A
CITY-ST-ZIP	VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tate, James
2.3 STREET ADDRESS	274 Capri Ave.
2.4 CITY-ST-ZIP	Venice, FL. 34293
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Garlington, Michael
3.3 STREET ADDRESS	2523 Darwin Ave.
3.4 CITY-ST-ZIP	Sarasota, Florida 34239
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brandon, Cristie
4.3 STREET ADDRESS	1138 W. Baffin Dr.
4.4 CITY-ST-ZIP	Venice, FL. 34293
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DV Caldwell, Annette
6.3 STREET ADDRESS	250 W. Tampa Ave.
6.4 CITY-ST-ZIP	Venice, FL. 34285

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.

SIGNATURE: Joy F. Mahler **FILED** **3/5/98** (941) 488-4009

CFR037 (10/97)