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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715586

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

11/18/1968

4. FEI Number 59-1361826

Applied For Not Applicable

5. Certificate of Status Desired [X]

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution []

\$5.00 May Be Added to Fees

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

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T WHITTAKER, TOM 1521 S TAMiami TRAIL VENICE FL

P TATE, JAMES 274 CAPRI AVE VENICE FL 34293

DV GARLINGTON, MICHAEL 2523 DARWIN AVE VENICE FL 34239

DS BRANDON, CRISTIE 1138 W BAFFIN DR VENICE FL 34293

D JOY F. MAHLER 2313 GOYA DR. NOKOMIS FL

DV CALDWELL, ANNETTE 250 W TAMPA AVE VENICE FL 34285

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE Caldwell, Annette 4.2 NAME 250 W. Tampa Ave. 4.3 STREET ADDRESS Venice Florida 34285 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE Cristie Brandon 6.2 NAME 1138 W. Baffin Drive 6.3 STREET ADDRESS Venice Florida 34293 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/6/99

(941)488-4009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)