


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90192 023 \*\*\*\*70.00

<b>DOCUMENT # 715586</b>					
1. Entity Name <b>BIG BROTHERS/BIG SISTERS OF THE SUN COAST, INC.</b>					
Principal Place of Business <b>101 W VENICE AVE, #34 VENICE, FL 34285 US</b>		Mailing Address <b>P.O. BOX 177 VENICE, FL 34284 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1361826</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HANKS, SUSAN .101 W VENICE AVE, #34 VENICE, FL 34285</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANKS, SUSAN		NAME	Puckett, Rich	
STREET ADDRESS	133 S HARBOR DR		STREET ADDRESS	4835 Bradburn Ct	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	Change <input checked="" type="checkbox"/> Addition
NAME	VETT, JIM		NAME	Mixson, Steve	
STREET ADDRESS	905 MANATEE AVE. E		STREET ADDRESS	1701 Ringling Blvd.	
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ANDREA		NAME		
STREET ADDRESS	2150 47TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOY F. MAHLER		NAME		
STREET ADDRESS	101 W VENICE AVE, #34		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, ANNETTE		NAME		
STREET ADDRESS	250 W TAMPA AVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Susan Hanks</i>			Date: <b>1-6-06</b> Daytime Phone #: <b>941-488-7794</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		