

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715586

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: BIG BROTHERS BIG SISTERS OF THE SUN COAST, INC.

**Current Principal Place of Business:**

101 W VENICE AVE, #34  
VENICE, FL 34285 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 177  
VENICE, FL 34284 US

**New Mailing Address:**

101 W VENICE AVE, #34  
VENICE, FL 34285 US

FEI Number: 59-1361826      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HANKS, SUSAN  
101 W VENICE AVE, #34  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: HANKS, SUSAN  
Address: 133 S HARBOR DR  
City-St-Zip: VENICE, FL 34285

Title: TD ( ) Delete  
Name: FLYNN, SUSAN  
Address: 2 N TAMIAMI TRL 100  
City-St-Zip: SARASOTA, FL 34236

Title: P ( ) Delete  
Name: JOY F. MAHLER,  
Address: 101 W VENICE AVE, #34  
City-St-Zip: VENICE, FL 34285

Title: SD ( ) Delete  
Name: GOMES, JEANNIE  
Address: 2520 N TAMIAMI TRL  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: PUCKETT, RICH  
Address: 4835 BRADBORN CT  
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete  
Name: CHAMKO, BARBARA  
Address: 3119 CABARET ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: MAHLER, JOY F  
Address: 101 W VENICE AVE, #34  
City-St-Zip: VENICE, FL 34285

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CRAPET, LIZ  
Address: 5643 RUTHERFORD CT.  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOY F. MAHLER

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date