

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