


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716413 (0)**

1. Corporation Name  
**BIG BROTHERS AND BIG SISTERS OF GREATER JACKSONVILLE, INC.**

Principal Place of Business <b>4539 BEACH BLVD                  SUITE 4                  JACKSONVILLE FL 32207</b>	Mailing Address <b>3100 UNIVERSITY BLVD                  SUITE 120                  JACKSONVILLE FL 32216</b>
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3. Date Incorporated or Qualified  
**03/27/1969**

4. FEI Number  
**59-0683256**

Applied For	Not Applied For
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21. Principal Place of Business <b>3100 University Blvd</b>	2a. Mailing Address
22. Suite, Apt. #, etc. <b>Suite 120</b>	26. Suite, Apt. #, etc.
23. City & State <b>Jacksonville, FL</b>	27. City & State
24. Zip <b>32216</b>	28. Zip
25. Country	29. Country
30. Country	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**HODGES, CONNIE S.**  
**3100 UNIVERSITY BLVD. S**  
**STE 120**  
**JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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: *Connie S. Hodges* DATE: **1/14/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NEGRETE, JULIE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 NORTH LAURA ST. #2600	1.2 NAME	<i>Name Change Only</i>
STREET ADDRESS	JACKSONVILLE FL 32202	1.3 STREET ADDRESS	<i>Juliet Negrete Anderson</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>50 North Laura St. #2600</i>
TITLE	DV BOMHARD, LIZANNE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1522 PENMAN RD	2.2 NAME	
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV CORRIGAN, MICHAEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 2883	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32203	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DV PAYNE, BARBARA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8001 BAYMEADOWS WAY	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32296	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD RANES, JOHN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7800 BELFORT PKWY, SUITE 165	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32256	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PPD FALCONETTI, JOHN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2472 DENNIS ST.	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32204	6.3 STREET ADDRESS	
CITY-ST-ZIP		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(9)(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: *Juliet Negrete Anderson*

CR2E037 (10/97)