

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90072 043 ****61.25

0005443

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 716413

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

Principal Place of Business 3100 UNIVERSITY BLVD SUITE 120 JACKSONVILLE FL 32216 US	Mailing Address 3100 UNIVERSITY BLVD SUITE 120 JACKSONVILLE FL 32216
--	---

155256.90072.43 6 *



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/27/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0683256
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent HODGES, CONNIE D 3100 UNIVERSITY BLVD. S STE 120 JACKSONVILLE FL 32216	10. Name and Address of New Registered Agent 81 Name Michael Hancock 82 Street Address (P.O. Box Number is Not Acceptable) 3100 University Blvd, S. Suite 120 83 84 City Jacksonville FL 85 Zip Code 32216
--	--

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: *Michael Hancock* Michael Hancock 2/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ANDERSON, JULIET NEGRETE 50 NORTH LAURA ST. #2600 JACKSONVILLE FL 32202	1.1 TITLE PPD	Anderson, Juliet Negrete 50 North Laura St. #2600 Jacksonville, FL 32202
TITLE DV	BOMHARD, LIZANNE 1522 PENMAN RD JACKSONVILLE BEACH FL 32250	2.1 TITLE	
TITLE DV	CORRIGAN, MICHAEL PO BOX 2883 JACKSONVILLE FL 32203	2.2 NAME	
TITLE DV	PAYNE, BARBARA 8001 BAYMEADOWS WAY JACKSONVILLE FL 32296	2.3 STREET ADDRESS	
TITLE PD	RANES, JOHN 7800 BELFORT PKWY, SUITE 165 JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE PPD	FALCONETTI, JOHN 2472 DENNIS ST. JACKSONVILLE FL 32204	3.1 TITLE DV	Hays, Jilleen 1753 Tall Treet Drive East Jacksonville, FL 32246
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE DV	Falconetti, John 2472 Dennis St Jacksonville, FL 32204
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: *Michael Hancock* Michael Hancock 2/11/99 (904) 727-9797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)