

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716413

FILED
Apr 30, 2009
Secretary of State

Entity Name: BIG BROTHERS BIG SISTERS OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

3100 UNIVERSITY BLVD SUITE 120
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

3100 UNIVERSITY BLVD
SUITE 120
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-0683256 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRYMES, WARREN CEO
3100 UNIVERSITY BLVD. S
STE 120
JACKSONVILLE, FL 32216 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: BM () Delete
Name: MASON, HARLAN
Address: 4345 SOUTHPPOINT BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: CH () Delete
Name: DEARING, TOM
Address: 50 N. LAURA ST. STE 2200
City-St-Zip: JACKSONVILLE, FL 32202

Title: FRC () Delete
Name: KRAMZER, JOYCE MS.
Address: 5011 GATE PKWY BLDG 100 STE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: BM () Delete
Name: HAAG, SHEA
Address: 3710 CATHEDRAL OAKS PLACE, S
City-St-Zip: JACKSONVILLE, FL 32217

Title: FC () Delete
Name: BROCK, RICHARD
Address: 501 RIVERSIDE AVENUE SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: PGDV () Delete
Name: COLE, BOB
Address: 201 N HOGAN ST., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: BM (X) Change () Addition
Name: KRAMZER, JOYCE MS.
Address: 5011 GATE PKWY BLDG 100 STE 300
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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

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: EMILY MOODY

ACC

04/30/2009

Electronic Signature of Signing Officer or Director

Date