

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAR -3 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720745 (9)

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF CHARLOTTE COUNTY, IN
C.

Principal Place of Business

Mailing Address

2450 TAMiami TR
STE F
PT CHARLOTTE FL 33952

2450 TAMiami TR
STE F
PT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/21/1971

02/07/1994

4. FEI Number

Applied For

59-1408072

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 2450 Tamiami Trail Suite F
Suite, Apt. #, etc.

26 same
Suite, Apt. #, etc.

22 City & State

27 same
City & State

23 Port Charlotte Fl., 33952

28 same

24 Zip

Country

29 Zip

Country

25 Charlotte

30 same

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

CRONIN, MICHAEL
18376 DRIGGERS AVE
PT. CHARLOTTE FL 33948

81 Name
John Davenport

82 Street Address (P.O. Box Number is Not Acceptable)
20562 Tappan Zee Drive

83 Port Charlotte, Fl., 33952

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

John Davenport

(NOTE: Registered Agent signature required when reappointing)

2-16-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CRONIN, MICHAEL
STREET ADDRESS 18376 DRIGGERS AVE.
CITY-ST-ZIP PT. CHARLOTTE FL

1.1 TITLE P
1.2 NAME John Davenport Change Addition
1.3 STREET ADDRESS 20562 Tappan Zee Drive
1.4 CITY-ST-ZIP Port Charlotte, Fl., 33952

TITLE VP
NAME BORKENHAGEN, NOREEN
STREET ADDRESS 2315 SOPHIA LANE
CITY-ST-ZIP PT CHARLOTTE FL

2.1 TITLE VP Change Addition
2.2 NAME Robert Alwood
2.3 STREET ADDRESS Liberty Elementary School
2.4 CITY-ST-ZIP 370 Atwater Port Charlotte, Fl. 33954

TITLE S
NAME MCVETY, RENE
STREET ADDRESS 722 LOMOND DR.
CITY-ST-ZIP PT. CHARLOTTE FL

3.1 TITLE S Change Addition
3.2 NAME Rene McVety
3.3 STREET ADDRESS 1181 Chesire St.
3.4 CITY-ST-ZIP Port Charlotte Fl. 33953

TITLE T
NAME ZOLA, STEPHANIE
STREET ADDRESS 3300 LOVELAND BLVD. #904
CITY-ST-ZIP PT CHARLOTTE FL

4.1 TITLE T Change Addition
4.2 NAME Kenneth Hardegree
4.3 STREET ADDRESS 1198 Waterway
4.4 CITY-ST-ZIP Port Charlotte, Fl., 33952

TITLE AD
NAME FROHLICH, CORT W
STREET ADDRESS 1777 TAMiami TR STE 501
CITY-ST-ZIP PT CHARLOTTE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS 800001423368
5.4 CITY-ST-ZIP -03/07/95--01119--017
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 checked, or as an attachment with an address.

SIGNATURE:

John Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-95

813-575-5369