

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 720745 (9)

1. Corporation Name

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



Principal Place of Business

Mailing Address

2450 TAMiami TRAIL  
STE F  
PT CHARLOTTE FL 33952

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STE F  
PT CHARLOTTE FL 33952

3. Date Incorporated or Qualified  
04/21/1971

3a. Date of Last Report  
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1408072

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVENPORT, JOHN  
20562 TAPPAN ZEE DR.  
PT. CHARLOTTE FL 33952

81

Name

J. Maurice Demonne

82

Street Address (P.O. Box Number is Not Acceptable)

1566 Dorchester St.

83

City

Port Charlotte

84

City

FL

85 Zip Code  
33952

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

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  DELETE  
NAME DAVENPORT, JOHN  
STREET ADDRESS 20562 TAPPAN ZEE DR.  
CITY-ST-ZIP PT. CHARLOTTE FL 33952

1.1 TITLE President  Change  Addition  
1.2 NAME J. Maurice Demonne  
1.3 STREET ADDRESS 1566 Dorchester St.  
1.4 CITY-ST-ZIP Port Charlotte, Fl. 33952

TITLE VD  DELETE  
NAME ALWOOD, ROBERT  
STREET ADDRESS LIBERTY ELEMENTARY SCHOOL 370 ATWATER  
CITY-ST-ZIP PT CHARLOTTE FL 33954

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS SAME  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME MCVETY, RENE  
STREET ADDRESS 1181 CHESIRE ST.  
CITY-ST-ZIP PT. CHARLOTTE FL 33953

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS SAME  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME HARDEGREE, KENNETH  
STREET ADDRESS 119 S. WATERWAY  
CITY-ST-ZIP PT CHARLOTTE FL 33952

4.1 TITLE  Change  Addition  
4.2 NAME Treasurer  
4.3 STREET ADDRESS Sonja Skelton  
4.4 CITY-ST-ZIP 23094 Madelyn Ave. Port Charlotte, Fl. 33954

TITLE AD  DELETE  
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  
5.4 CITY-ST-ZIP

TITLE  DELETE  
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 119.07(3)(k), 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: Karen B. Fleury Executive Director 1/22/96 941-625-6164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)