


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Matheson 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 2450 TAMiami TRAIL STE F PT CHARLOTTE FL 33952			Mailing Address 2450 TAMiami TRAIL STE F PT CHARLOTTE FL 33952-3949																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/21/1971																																																																																																																																																	
				3a. Date of Last Report 01/29/1996																																																																																																																																																	
				4. FEI Number 59-1408072																																																																																																																																																	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent J. MAURICE DEMONNE 1566 DORCHESTER ST. PORT CHARLOTTE FL 33952			10. Name and Address of New Registered Agent 81 Name Robert Alwood 82 Street Address (P.O. Box Number is Not Acceptable) 370 Atwater Liberty Elem. School 83 Port Charlotte, Fl., 33954 84 City FL 85 Zip Code																																																																																																																																																		
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 <i>Robert Alwood</i> Robert Alwood 1/15/97 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>J. MAURICE DEMONNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1566 DORCHESTER ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ALWOOD, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LIBERTY ELEMENTARY SCHOOL 370 ATWATER</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PT CHARLOTTE FL 33954</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MCVETY, RENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1181 CHESIRE ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PT. CHARLOTTE FL 33953</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SONJA SKELTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>23094 MADELYN AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> DELETE	NAME	J. MAURICE DEMONNE		STREET ADDRESS	1566 DORCHESTER ST.		CITY-ST-ZIP	PORT CHARLOTTE FL		TITLE	VD	<input checked="" type="checkbox"/> DELETE	NAME	ALWOOD, ROBERT		STREET ADDRESS	LIBERTY ELEMENTARY SCHOOL 370 ATWATER		CITY-ST-ZIP	PT CHARLOTTE FL 33954		TITLE	SD	<input checked="" type="checkbox"/> DELETE	NAME	MCVETY, RENE		STREET ADDRESS	1181 CHESIRE ST.		CITY-ST-ZIP	PT. CHARLOTTE FL 33953		TITLE	T	<input checked="" type="checkbox"/> DELETE	NAME	SONJA SKELTON		STREET ADDRESS	23094 MADELYN AVE.		CITY-ST-ZIP	PORT CHARLOTTE FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>P D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Robert Alwood</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>370 Atwater Liberty Elem School</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Port Charlotte, Fl., 33954</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>VP D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Audrey Pasinella</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>235 Deleon Ave.</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>Charlotte Harbor, Fl., 33980</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>S D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Richard Schmith</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>467 Charnber St.</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>Port Charlotte, Fl., 33948</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>T D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>Michael Anderson</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>15060 Elwood Ave.</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>Port Charlotte, fl., 33953</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	Robert Alwood		1.3 STREET ADDRESS	370 Atwater Liberty Elem School		1.4 CITY-ST-ZIP	Port Charlotte, Fl., 33954		2.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	Audrey Pasinella		2.3 STREET ADDRESS	235 Deleon Ave.		2.4 CITY-ST-ZIP	Charlotte Harbor, Fl., 33980		3.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	Richard Schmith		3.3 STREET ADDRESS	467 Charnber St.		3.4 CITY-ST-ZIP	Port Charlotte, Fl., 33948		4.1 TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	Michael Anderson		4.3 STREET ADDRESS	15060 Elwood Ave.		4.4 CITY-ST-ZIP	Port Charlotte, fl., 33953		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	J. MAURICE DEMONNE																																																																																																																																																				
STREET ADDRESS	1566 DORCHESTER ST.																																																																																																																																																				
CITY-ST-ZIP	PORT CHARLOTTE FL																																																																																																																																																				
TITLE	VD	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	ALWOOD, ROBERT																																																																																																																																																				
STREET ADDRESS	LIBERTY ELEMENTARY SCHOOL 370 ATWATER																																																																																																																																																				
CITY-ST-ZIP	PT CHARLOTTE FL 33954																																																																																																																																																				
TITLE	SD	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	MCVETY, RENE																																																																																																																																																				
STREET ADDRESS	1181 CHESIRE ST.																																																																																																																																																				
CITY-ST-ZIP	PT. CHARLOTTE FL 33953																																																																																																																																																				
TITLE	T	<input checked="" type="checkbox"/> DELETE																																																																																																																																																			
NAME	SONJA SKELTON																																																																																																																																																				
STREET ADDRESS	23094 MADELYN AVE.																																																																																																																																																				
CITY-ST-ZIP	PORT CHARLOTTE FL																																																																																																																																																				
TITLE		<input type="checkbox"/> DELETE																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> DELETE																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
1.2 NAME	Robert Alwood																																																																																																																																																				
1.3 STREET ADDRESS	370 Atwater Liberty Elem School																																																																																																																																																				
1.4 CITY-ST-ZIP	Port Charlotte, Fl., 33954																																																																																																																																																				
2.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
2.2 NAME	Audrey Pasinella																																																																																																																																																				
2.3 STREET ADDRESS	235 Deleon Ave.																																																																																																																																																				
2.4 CITY-ST-ZIP	Charlotte Harbor, Fl., 33980																																																																																																																																																				
3.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
3.2 NAME	Richard Schmith																																																																																																																																																				
3.3 STREET ADDRESS	467 Charnber St.																																																																																																																																																				
3.4 CITY-ST-ZIP	Port Charlotte, Fl., 33948																																																																																																																																																				
4.1 TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
4.2 NAME	Michael Anderson																																																																																																																																																				
4.3 STREET ADDRESS	15060 Elwood Ave.																																																																																																																																																				
4.4 CITY-ST-ZIP	Port Charlotte, fl., 33953																																																																																																																																																				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
5.2 NAME																																																																																																																																																					
5.3 STREET ADDRESS																																																																																																																																																					
5.4 CITY-ST-ZIP																																																																																																																																																					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.																																																																																																																																																					
SIGNATURE: <i>Robert Alwood</i> 1/15/97			941 627 1633																																																																																																																																																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					

CR2E037 (9/96)