

FILE NOW: FILING FEE IS \$61.25

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**Feb 13 1997 8:00am
Secretary of State**



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

NONPROFIT CORPORATION ANNUAL REPORT 1997

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 **2450 TAMiami TRAIL STE F PT CHARLOTTE FL 33952-3949**

3. Date Incorporated or Qualified **04/21/1971** 3a. Date of Last Report **01/29/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1408072		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
J. MAURICE DEMONNE 1566 DORCHESTER ST. PORT CHARLOTTE FL 33952				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 *Robert Alwood* **Robert Alwood** DATE **1/15/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	J. MAURICE DENOMME			1.2 NAME	Robert Alwood		
STREET ADDRESS	1566 DORCHESTER ST.			1.3 STREET ADDRESS	370 Atwater Liberty Elem School		
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY-ST-ZIP	Port Charlotte, Fl., 33954	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALWOOD, ROBERT			2.2 NAME	Audrey Pasinella		
STREET ADDRESS	LIBERTY ELEMENTARY SCHOOL 370 ATWATER			2.3 STREET ADDRESS	235 Deleon Ave.		
CITY-ST-ZIP	PT CHARLOTTE FL 33954			2.4 CITY-ST-ZIP	Charlotte Harbor, Fl., 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCVETY, RENE			3.2 NAME	Richard Schmith		
STREET ADDRESS	1181 CHESIRE ST.			3.3 STREET ADDRESS	467 Charmber St.		
CITY-ST-ZIP	PT. CHARLOTTE FL 33953			3.4 CITY-ST-ZIP	Port Charlotte, Fl., 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SONJA SKELTON			4.2 NAME	Michael Anderson		
STREET ADDRESS	23094 MADELYN AVE.			4.3 STREET ADDRESS	15060 Elwood Ave.		
CITY-ST-ZIP	PORT CHARLOTTE FL			4.4 CITY-ST-ZIP	Port Charlotte, fl., 33953	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Robert Alwood* **ROBERT ALWOOD** DATE **1/15/97** 941 627 1633

CFR2E037 (9/96)