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FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/21/1971	
4. FEI Number 59-1408072	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

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
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ALWOOD, ROBERT
370 ATWATER LIBERTY ELEM SCHOOL
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent
 81 Name
Alwood, Robert
 82 Street Address (P.O. Box Number is Not Acceptable)
22457 Glen Ave.
 83
Port Charlotte, Fl., 33980
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1908, 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** **1-6-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDERSON, MICHAEL	
STREET ADDRESS	15060 ELWOOD AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALWOOD, ROBERT	
STREET ADDRESS	370 ATWATER LIBERTY ELEMENTARY SCHOOL	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PASINELLA, AUDREY	
STREET ADDRESS	235 DELEON AVE	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHMITH, RICHARD	
STREET ADDRESS	467 CHAMBER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alwood Robert
2.3 STREET ADDRESS	22457 Glen Ave.
2.4 CITY-ST-ZIP	Port Charlotte, Fl., 33980
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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** **Robert Alwood** **941-627-0735**
 1-6-98

CR2E037 (10/97)