

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -8 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0061812

DOCUMENT # 720745

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

3440 CONWAY BLVD
SUITE D
PORT CHARLOTTE FL 33980

3440 CONWAY BLVD
SUITE D
PORT CHARLOTTE FL 33980

NOTE CHANGE OF ADDRESS



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3440 Conway Blvd. Bldg. 1	2a	same	04/21/1971	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1408072	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Port Charlotte, Fl.,		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	33952	25	Charlotte	29	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

ALWOOD, ROBERT
22457 GLEN AVE
PORT CHARLOTTE FL 33980

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 President Board of Directors

1-8-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	VP
NAME	ANDERSON, MICHAEL	1.2 NAME	Anderson, Michael
STREET ADDRESS	15060 ELWOOD AVE	1.3 STREET ADDRESS	15060 Elwood Ave.
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte, Fl., 33953
TITLE	PD	2.1 TITLE	
NAME	ALWOOD, ROBERT	2.2 NAME	
STREET ADDRESS	22457 GLEN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 33980	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	Secy
NAME	PASINELLA, AUDREY	3.2 NAME	Kathryn Bertani
STREET ADDRESS	235 DELEON AVE	3.3 STREET ADDRESS	26201 Madras Court
CITY-ST-ZIP	CHARLOTTE HARBOR FL	3.4 CITY-ST-ZIP	Punta Corda, Fl. 33983
TITLE	SD	4.1 TITLE	Treas
NAME	SCHMITH, RICHARD	4.2 NAME	Richard Schmith
STREET ADDRESS	467 CHAMBER ST	4.3 STREET ADDRESS	467 Chamber St.
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, Fl., 33948
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617.07(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, with all other like empowered.

SIGNATURE: Robert Alwood

1-8-99 941-627-0235

CR2E037 (11/98)