

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720745

FILED
Mar 24, 2008
Secretary of State

Entity Name: BIG BROTHERS/BIG SISTERS OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

3052 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3052 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1408072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HABERSHAW, DAVID
3941 TAMIAMI TRAIL #3157 PMB #55
PORT CHARLOTTE, FL 33950 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: BPD () Delete
Name: HABERSHAW, DAVID
Address: 3941 TAMIAMI TRAIL #3157 PMB #55
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPBD () Delete
Name: STIEKES, BOB
Address: 183 COMPTON ST
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: SD () Delete
Name: JACKMAN, THERESA
Address: 13962 LONG LAKE LANE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: TD () Delete
Name: HENSON, BECKY
Address: 24015 MADACA LANE
City-St-Zip: PORT CHARLOTTE, FL 33954 28

Title: BM () Delete
Name: QUINTENZ, BOB
Address: 3728 DAWSON LANE
City-St-Zip: PUNTA GORDA, FL 33950

Title: BM () Delete
Name: ROSS, WARREN
Address: 3040 JUNCTION ST
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE GUPTILL

Electronic Signature of Signing Officer or Director

CEO

03/24/2008

_____ Date