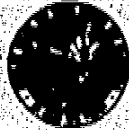


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 722060 (1)
1. Corporation Name
BIG BROTHERS/BIG SISTERS OF CENTRAL FLORIDA, INC

95 APR 19 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1900 N. MILLS AVE #4 ORLANDO FL 32803

3. Date Incorporated or Qualified **11/12/1971** 3a. Date of Last Report **05/01/1994**

4. FEI Number **23-7236410** Applied For: Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip 28 Country 29 Zip 30 Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 25 29 30

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESSE, KEITH, J
111 N ORANGE AVE #1900
ORLANDO FL 32802**

81 Name **RANDY NEWTON**
82 Street Address (P.O. Box Number is Not Acceptable) **6564 ABERCROMBIE CT.**
83 **ORLANDO,**
84 City **FL** 85 Zip Code **32835**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **RANDY J NEWTON - TROS** DATE **3-25-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MCKINNEY, JOE**
STREET ADDRESS **2321 TREERIDGE LANE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD**
NAME **NEWTON, RANDY**
STREET ADDRESS **6564 ABERCROMBIE CT.**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD**
NAME **MORRIS, PAUL - MORRIS, PAUL**
STREET ADDRESS **1115 W. STETSON ST.**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD**
NAME **REPICH, CORRINE**
STREET ADDRESS **7748 ALTAVAN AVE.**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD**
NAME **SIMONYI, PAULA**
STREET ADDRESS **389 ERON WAY**
CITY-ST-ZIP **WINTER GARDENS FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Randy Newton** DATE: _____ DAY/MONTH/YEAR: _____