


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 1900 N. MILLS AVE #4 ORLANDO FL 32809
 Mailing Address: 1900 N. MILLS AVE #4 SUITE 1 ORLANDO FL 32803 US

3. Date Incorporated or Qualified: 11/12/1971

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

2. Principal Place of Business: 21 5104 N Orange Blossom Trail
 2a. Mailing Address: 26 5104 N Orange Blossom Trail

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

Suite, Apt. #, etc.: 22 224
 27 224

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

City & State: 23 Orlando, Florida
 28 Orlando, Florida

7. Is this nonprofit corporation a homeowners association? Yes No

Zip: 24 32810
 Country: 25 USA
 Zip: 29 32810
 Country: 30 USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 NEWTON, RANDY
 6564 ABERCROMBIE CT
 ORLANDO FL 32835

10. Name and Address of New Registered Agent
 81 Name: David L. Szalanski
 82 Street Address: 7350 Westpointe Blvd, #221
 83
 84 City: Orlando FL 85 Zip Code: 32835

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: David L. Szalanski, Executive Director 7/22/98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | NEWTON, RANDY | |
| STREET ADDRESS | 6564 ABERCROMBIE CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | ROGERS, KAREN | |
| STREET ADDRESS | 6564 ABERCROMBIE CT. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | REPICH, CORRINE | |
| STREET ADDRESS | 7746 ALTAVAN AVE. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | SIMONYI, PAULA | |
| STREET ADDRESS | 389 ERON WAY | |
| CITY-ST-ZIP | WINTER GARDENS FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FORD, DEBORAH S | |
| STREET ADDRESS | 4012-G LAKE UNDERHILL RD | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------------|--|
| 1.1 TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Doug Tyson | |
| 1.3 STREET ADDRESS | 225 East Robinson, #300 | |
| 1.4 CITY-ST-ZIP | Orlando, FL 32801 | |
| 2.1 TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Jimmy Hanaman | |
| 2.3 STREET ADDRESS | 320 East South St., Orlando, FL 32801 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Jeanette Steward | |
| 3.3 STREET ADDRESS | 1201 S Orlando Ave, #400 | |
| 3.4 CITY-ST-ZIP | Winter Park, FL 32789 | |
| 4.1 TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Joe Kefauver | |
| 4.3 STREET ADDRESS | 5900 Lake Ellenor Dr. | |
| 4.4 CITY-ST-ZIP | Orlando, FL 32809 | |
| 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: David L. Szalanski 7/22/98 407-522-9799
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)