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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 722060

1. Corporation Name
BIG BROTHERS/BIG SISTERS OF CENTRAL FLORIDA, INC

Principal Place of Business
 5104 N ORANGE BLOSSOM TRL
 SUITE 224
 ORLANDO FL 32810
 US

Mailing Address
 5104 N ORANGE BLOSSOM TRL
 SUITE 224
 ORLANDO FL 32810
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/12/1971
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7236410
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	81 Name
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)
83	83
84 City	84 City
	85 Zip Code
	FL

SZALANSKI, DAVID L
7350 WESTPOINT BLVD
SUITE 221
ORLANDO FL 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* *David L. Szalanski* DATE 1/13/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, DOUG	1.2 NAME	
STREET ADDRESS	225 E ROBINSON, #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAMAN, JIMMY	2.2 NAME	
STREET ADDRESS	320 E SOUTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JEANETTE	3.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE, #400	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEFAUVER, JOE	4.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, DEBORAH S	5.2 NAME	
STREET ADDRESS	4012-G LAKE UNDERHILL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *David L. Szalanski* **SZALANSKI** DATE 1/13/99 DAYTIME PHONE # 407-522-9799

Signature and typed or printed name of signing officer or director

CR2E037 (1/98)