FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724715** **(8)**

1. Corporation Name
BIG BROTHERS/BIG SISTERS OF SARASOTA, INC.

Principal Place of Business	Mailing Address
240 N WASHINGTON BLVD #620 SARASOTA FL 34236	240 N WASHINGTON BLVD #620 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1972	3a. Date of Last Report: 04/26/1994
4. FEI Number: NOT APPLICABLE	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, *Florida Statutes* ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2831 Ringling Blvd.	26 2831 Ringling Blvd.
Suite, Apt. #, etc. 22 A-201	Suite, Apt. #, etc. 27 A-201
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip / Country 24 34237 / 25 Sarasota	Zip / Country 29 34237 / 30 Sarasota

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYONS, DIANE 5198 CEDAR HAMMOCK LANE SUITE 210-D SARASOTA FL 34232	81 Name: Michael Ortiz 82 Street Address (P.O. Box Number is Not Acceptable): 2014 4th Street 83 84 City: Sarasota FL 85 Zip Code: 34237

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 _____ 4/22/95
Signature required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	DALTON, CHARLES	12 NAME	Dalton, Charles
STREET ADDRESS	240 N. WASHINGTON BLVD #620	13 STREET ADDRESS	2831 Ringling Blvd., Suite A-201
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota, FL
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	LYONS, DIANE	22 NAME	Ortiz, Michael
STREET ADDRESS	5198 CEDAR HAMMOCK LANE	23 STREET ADDRESS	2014 4th St
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Sarasota, FL 34237
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	HOLLIDAY, RHONDA	32 NAME	Carr, Michael
STREET ADDRESS	1014 MECCA DR	33 STREET ADDRESS	1747 Waldemere St
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	ADAM, JO ANN	42 NAME	
STREET ADDRESS	890 DARTMOOR CIR	43 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	HESS, DAVID	52 NAME	
STREET ADDRESS	6104 BRADEN RUN	53 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	54 CITY-ST-ZIP	
TITLE	~~VD~~	61 TITLE	☐ Change ☐ Addition
NAME	~~ORTIZ, MICHAEL~~	62 NAME	
STREET ADDRESS	~~2014 4TH STREET~~	63 STREET ADDRESS	
CITY-ST-ZIP	~~SARASOTA FL~~	64 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)(k), 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: Charles Dalton Jr Ex. Dir. 4-13-95 813-331-HERO
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0018590