

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **724715 (8)**

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF SARASOTA, INC.



Principal Place of Business

Mailing Address

2831 RINGLING BLVD.
A-201
SARASOTA FL 34237
US

2831 RINGLING BLVD.
A-201
SARASOTA FL 34237
US

3. Date Incorporated or Qualified
11/03/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTIZ, MICHAEL
2014 4TH STREET
SUITE 210-D
SARASOTA FL 34237**

81 Name

David Hess

82

Street Address (P.O. Box Number is Not Acceptable)

6104 Braden Run

83

84

City

Bradenton

FL

85

Zip Code
34202

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 Hess
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DALTON, CHARLES	
STREET ADDRESS	2831 RINGLING BLVD., SUITE A-201	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ORTIZ, MICHAEL	
STREET ADDRESS	2014 4TH ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARR, MICHAEL	
STREET ADDRESS	1747 WALDEMERE ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ADAM, JO ANN	
STREET ADDRESS	890 DARTMOOR CIR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HESS, DAVID	
STREET ADDRESS	6104 BRADEN RUN	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Betty McQueen	
13 STREET ADDRESS	2831 Ringling Blvd., Suite A-201	
14 CITY-ST-ZIP	Sarasota, FL	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	David Hess	
23 STREET ADDRESS	6104 Braden Run	
24 CITY-ST-ZIP	Bradenton, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	600001798326	
34 CITY-ST-ZIP	-04/29/96--01038--001	
41 TITLE	***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Tom Pellegrino	
53 STREET ADDRESS	1800 Second St #975	
54 CITY-ST-ZIP	Sarasota, FL	
61 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Robert France	
63 STREET ADDRESS	6110 Approach Lane	
64 CITY-ST-ZIP	Sarasota, FL	

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:

Betty McQueen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (941) 331-4376
Date Daytime Phone #

SG-4-27-96

CR2E037 (12/95)