

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727685 (0)
 1. Corporation Name
BIG BROTHERS/BIG SISTERS OF BROWARD, INC.



Principal Place of Business 3601 W. COMMERCIAL BLVD. SUITE 10 FT. LAUDERDALE FL 33309	Mailing Address 3601 W. COMMERCIAL BLVD. SUITE 10 FT. LAUDERDALE FL 33309
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3. Date Incorporated or Qualified 10/08/1973	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1507595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

9. Name and Address of Current Registered Agent CEDENO, ANA M BIG BROTHERS/BIG SISTERS OF BROWARD 36001 W. COMMERCIAL BLVD. #10 FT. LAUDERDALE FL 33309	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3601 W. Commercial Blvd # 10 83 84 City FL 85 Zip Code
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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: *Ana Cedeno* **Ana Cedeno, Executive Director** 5-1-96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	WILLIAMS, JEFF <input checked="" type="checkbox"/> DELETE	1.1 TITLE X-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2424 N. FEDERAL HWY #100	1.2 NAME Dan Cetina
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS 12801 W. Sunrise Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP Sunrise FL 33323
TITLE SD	ANTHONY DE MEO <input checked="" type="checkbox"/> DELETE	2.1 TITLE X-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2400 E. COMMERCIAL BOULEVARD, #517	2.2 NAME Jim Eisenstein
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS 3223 Commerce Pl #101
CITY-ST-ZIP		2.4 CITY-ST-ZIP W. Palm Bch FL 33407
TITLE TD	CICORA, KEN <input checked="" type="checkbox"/> DELETE	3.1 TITLE X-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	350 SE 2ND ST., #400A	3.2 NAME Dr. Wilhelmena Mack
STREET ADDRESS	FT. LAUDERDALE FL	3.3 STREET ADDRESS 3501 Johnson St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP Hollywood FL 33021
TITLE TD	FILSON, TERESA (PLANTA) <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10012 N. W. 5 STREET	4.2 NAME
STREET ADDRESS	PLANTATION FL	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE PP	CICORA, KEN <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	350 SE 2ND ST.	5.2 NAME
STREET ADDRESS	FT. LAUDERDALE FL	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE P	BINGER, ROY <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	491 NW 40 AVE.	6.2 NAME
STREET ADDRESS	PLANTATION FL	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

5.1 TITLE	100001890501 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-07/11/96--01016--022
5.3 STREET ADDRESS	***61.25
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 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: *Roy Binger* **Roy Binger, President** 5/1/96 (954) 485-3481
(NOTE: Registered Agent signature required when reinstating)

CR2E037 (12/95)