

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

DOCUMENT # 729506 (6)

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF SOUTHWEST FLORIDA, I
NC.

Principal Place of Business

3660 CENTRAL AVE.
SUITE 14
FORT MYERS FL 33901
US

Mailing Address

3660 CENTRAL AVE.
SUITE 14
FORT MYERS FL 33901
US



3. Date Incorporated or Qualified
04/26/1974

3a. Date of Last Report
02/15/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAINT-SOMMER, JUDITH
3660 CENTRAL AVE.
SUITE 14
FT. MYERS FL 33901

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature, typed or 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	PPD	<input checked="" type="checkbox"/> DELETE
NAME	SEXTON, BETH ESQ.	
STREET ADDRESS	18 WINEWOOD CT.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCQUAGGE, JOHN	
STREET ADDRESS	514 SANFORD DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NICCUM, RICHARD	
STREET ADDRESS	819 VIA DEL SOL	
CITY-ST-ZIP	N FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWIFT, BETH	
STREET ADDRESS	3781 WINKLER AVE. APT 436	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, BERRETTA	
STREET ADDRESS	150 CONNECTICUT AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LANGSAM, ROBERT	
STREET ADDRESS	2706 HORSESHOE DR STE 213	
CITY-ST-ZIP	NAPLES FL	

11 TITLE	D	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		Angela Rose	
13 STREET ADDRESS		1713 3 Park Meadows Dr.	
14 CITY-ST-ZIP		Fort Myers FL 33907	
21 TITLE	D	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		McQuagge, John	
23 STREET ADDRESS		514 Sanford Dr	
24 CITY-ST-ZIP		FT. MYERS FL	
31 TITLE	D	President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		Niccum, Richard	
33 STREET ADDRESS		819 Via Del Sol	
34 CITY-ST-ZIP		N. Ft. Myers, FL	
41 TITLE	P	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME		Jay Whitney	
43 STREET ADDRESS		819 Via Del Sol	
44 CITY-ST-ZIP		NFM FL 33903	
51 TITLE	P	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME		Chantia Pike	
53 STREET ADDRESS		2211 S.E. 28th Terrace	
54 CITY-ST-ZIP		Cap Coral FL 33904	
61 TITLE	I		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
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 Richard Niccum

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)