

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33901-8258
US**3. Date Incorporated or Qualified
04/26/19743a. Date of Last Report
03/26/1996

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

29

30

4. FEI Number

23-7410676

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

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 **DP** ☒ DELETE
NAME **ROSE, ANGELA**
STREET ADDRESS **1713-3 PARK MEADOWS DR.**
CITY-ST-ZIP **FORT MYERS FL 33907**1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Niccum, Richard**
1.3 STREET ADDRESS **819 Via Del Sol**
1.4 CITY-ST-ZIP **N. Ft Myers FL**TITLE **DT** ☒ DELETE
NAME **MCQUAGGE, JOHN**
STREET ADDRESS **514 SANFORD DR**
CITY-ST-ZIP **FT. MYERS FL**2.1 TITLE **DT** ☐ Change ☒ Addition
2.2 NAME **Rosier, Bob**
2.3 STREET ADDRESS **2285 Royal Lane**
2.4 CITY-ST-ZIP **Naples, FL**TITLE **D** ☐ DELETE
NAME **NICCUM, RICHARD**
STREET ADDRESS **819 VIA DEL SOL**
CITY-ST-ZIP **N FT. MYERS FL**3.1 TITLE **DV** ☐ Change ☒ Addition
3.2 NAME **Bodden, David**
3.3 STREET ADDRESS **1735 Brantley Rd Apt 1604**
3.4 CITY-ST-ZIP **Fort Myers, FL**TITLE **DS** ☐ DELETE
NAME **WHITNEY, JAY**
STREET ADDRESS **819 VIA DEL SOL**
CITY-ST-ZIP **NFM FL 33903**4.1 TITLE **Same** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **DVP** ☒ DELETE
NAME **PIKE, CHANTIA**
STREET ADDRESS **2211 S.E. 28TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**5.1 TITLE **DV** ☐ Change ☒ Addition
5.2 NAME **Reed, Michelle**
5.3 STREET ADDRESS **849 Hofstra Dr**
5.4 CITY-ST-ZIP **Fort Myers, FL**TITLE **VP** ☒ DELETE
NAME **LANGSAM, ROBERT**
STREET ADDRESS **2706 HORSESHOE DR STE 213**
CITY-ST-ZIP **NAPLES FL**6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Hendry, Beth**
6.3 STREET ADDRESS **7116 Lakeridge Ct. Apt 103**
6.4 CITY-ST-ZIP **Ft. Myers, FL**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0055900**

CR2E037 (9/96)