

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **729506** (6)
1. Corporation Name
BIG BROTHERS/BIG SISTERS OF SOUTHWEST FLORIDA, I NC.



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| 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 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|--|---|
| 3. Date Incorporated or Qualified 04/26/1974 | 4. FEI Number 23-7410676 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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| 9. Name and Address of Current Registered Agent SAINT-SOMMER, JUDITH 3660 CENTRAL AVE. SUITE 14 FT. MYERS FL 33901 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 Judith Saint-Sommer Judith Saint-Sommer Executive Director 1/29/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | NICUM, RICHARD |
| STREET ADDRESS | 819 VIA DEL SOL |
| CITY-ST-ZIP | N. FT. MYERS FL |
| TITLE | DT <input checked="" type="checkbox"/> DELETE |
| NAME | ROSIER, BOB |
| STREET ADDRESS | 2285 ROYAL LANE |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | DV <input checked="" type="checkbox"/> DELETE |
| NAME | BODDEN, DAVID |
| STREET ADDRESS | 1735 BRANTLEY RD., APT 1604 |
| CITY-ST-ZIP | FT. MYERS FL |
| TITLE | DS <input checked="" type="checkbox"/> DELETE |
| NAME | WHITNEY, JAY |
| STREET ADDRESS | 819 VIA DEL SOL |
| CITY-ST-ZIP | NFM FL 33903 |
| TITLE | DV <input checked="" type="checkbox"/> DELETE |
| NAME | REED, MICHELLE |
| STREET ADDRESS | 849 HOFSTRA DR. |
| CITY-ST-ZIP | FT. MYERS FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HENDRY, BETH |
| STREET ADDRESS | 7116 LAKERIDGE CT., APT 103 |
| CITY-ST-ZIP | FT. MYERS FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Scarmozzino, James |
| 1.3 STREET ADDRESS | 1775-23 Red Cedar Dr |
| 1.4 CITY-ST-ZIP | Fort Myers FL 33907 |
| 2.1 TITLE | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Liddick Sandra |
| 2.3 STREET ADDRESS | 14967 Rivers Edge Ct # 201 |
| 2.4 CITY-ST-ZIP | Fort Myers FL 33908 |
| 3.1 TITLE | DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Bower, Marshall |
| 3.3 STREET ADDRESS | 15031 Punta Rassa Rd # 806 |
| 3.4 CITY-ST-ZIP | Fort Myers FL 33908 |
| 4.1 TITLE | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Smith, Kathleen |
| 4.3 STREET ADDRESS | 1453 Davis Drive |
| 4.4 CITY-ST-ZIP | Fort Myers FL 33919 |
| 5.1 TITLE | M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Saint-Sommer, Judith |
| 5.3 STREET ADDRESS | 6530 Duquesne Dr |
| 5.4 CITY-ST-ZIP | Fort Myers FL 33901 |
| 6.1 TITLE | President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Hendry Beth |
| 6.3 STREET ADDRESS | 7768 Woodland Bend Circle |
| 6.4 CITY-ST-ZIP | Fort Myers FL 33912 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Judith Saint-Sommer 1/29/98 941-278-0003
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0057961

CR2E037 (10/97)