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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90133 002 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729506

1. Corporation Name
BIG BROTHERS/BIG SISTERS OF SOUTHWEST FLORIDA, INC.

98094 90133 2 4

Principal Place of Business 3660 CENTRAL AVE. 1943 Maravilla Ave SUITE 14 FORT MYERS FL 33901 US	Mailing Address 3660 CENTRAL AVE. 1943 Maravilla Ave SUITE 14 FORT MYERS FL 33901 US
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21. Principal Place of Business 1943 Maravilla Ave Suite, Apt. #, etc. Fort Myers FL City & State 33901 USA Zip Country	2a. Mailing Address Big Brothers Big Sisters Suite, Apt. #, etc. 1943 Maravilla Ave City & State Fort Myers FL Zip Country 33901 USA	3. Date Incorporated or Qualified 04/26/1974	4. FEI Number 23-7410676	Applied For Not Applicable
22. Principal Place of Business 1943 Maravilla Ave Suite, Apt. #, etc. Fort Myers FL City & State 33901 USA Zip Country	27. Mailing Address 1943 Maravilla Ave City & State Fort Myers FL Zip Country 33901 USA	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23. Principal Place of Business 1943 Maravilla Ave Suite, Apt. #, etc. Fort Myers FL City & State 33901 USA Zip Country	28. Mailing Address 1943 Maravilla Ave City & State Fort Myers FL Zip Country 33901 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
	1943 Maravilla Ave	Fort Myers FL	FL	33901

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* DATE: **1-4-99**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD SCARMOZZINO, JAMES <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARMOZZINO, JAMES	1.2 NAME	
STREET ADDRESS	1775-23 RED CEDAR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33907	1.4 CITY-ST-ZIP	
TITLE	TD Bowers <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIDDICK, SANDRA	2.2 NAME	Bowers, SANDRA
STREET ADDRESS	14967 RIVERS EDGE CT #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	DV BOWER, MARSHALL <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, MARSHALL	3.2 NAME	
STREET ADDRESS	15031 PUNTA RASSA RD #806	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE	SD SMITH, KATHLEEN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KATHLEEN	4.2 NAME	
STREET ADDRESS	1453 DAVIS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	M SAINT-SOMMER, JUDITH <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT-SOMMER, JUDITH	5.2 NAME	
STREET ADDRESS	6530 DUGUESNE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	5.4 CITY-ST-ZIP	
TITLE	PD HENDRY, BETH <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRY, BETH	6.2 NAME	
STREET ADDRESS	7768 WOODLAND BEND CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Judith Saint-Sommer* DATE: **1-4-99** DAYTIME PHONE #: **941-278-0003**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)