

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 # 732258 (9)

1. Corporation Name
BIG BROTHERS & BIG SISTERS OF BREVARD COUNTY, INC.



Principal Place of Business Mailing Address
**1600 SARNO RD
STE 24
MELBOURNE FL 32935
US**

3. Date Incorporated or Qualified **03/25/1975** 3a. Date of Last Report **02/14/1995**
4. FEI Number **59-6555007** 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 Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**ROMINE, JAMES A
1030 BLUEGRASS LANE
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent
81 Name **William E. Gary**
82 Street Address (P.O. Box Number is Not Acceptable) **3845 Valley Lane**
83
84 City **Titusville** FL 85 Zip Code **32780**

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 *William E. Gary* 1/19/96
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	DV	<input checked="" type="checkbox"/> DELETE
NAME	FORD, HARRY	
STREET ADDRESS	909 OSPREY DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, SALLY A	
STREET ADDRESS	311 N LAILA DRIVE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, SHARON A	
STREET ADDRESS	1737 SHOREVIEW DR	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROSELL, DAVID L	
STREET ADDRESS	514 CARRIAGE ROAD	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ROMINE, JAMES A	
STREET ADDRESS	1030 BLUEGRASS LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Dale	
1.3 STREET ADDRESS	210 Plantation Club	
1.4 CITY-ST-ZIP	Melbourne, FL 32940	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas Stratton	
2.3 STREET ADDRESS	2835 Ranch Road	
2.4 CITY-ST-ZIP	W. Melbourne, FL 32904	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dee Katehakis	
3.3 STREET ADDRESS	1925 RiverShore Drive	
3.4 CITY-ST-ZIP	Indialantic, FL 32903	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William E. Gary	
5.3 STREET ADDRESS	3845 Valley Lane	
5.4 CITY-ST-ZIP	Titusville FL 32780	
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: *Mary G. Murphy* 3/18/96 407/259-7871
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)