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Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732258 (9)
1. Corporation Name
BIG BROTHERS & BIG SISTERS OF BREVARD COUNTY, IN C.



Principal Place of Business: 1600 SARNO RD STE 24 MELBOURNE FL 32935 US
Mailing Address: 1600 SARNO RD STE 24 MELBOURNE FL 32935-4992 US

3. Date Incorporated or Qualified: 03/25/1975
3a. Date of Last Report: 03/27/1996
4. FEI Number: 59-6555007
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: 21 1570 N. Harbor City Blvd. Suite, Apt. #, etc. 22
2a. Mailing Address: 26 1570 N. Harbor City Blvd. Suite, Apt. #, etc. 27
City & State: 23 Melbourne, FL 32935
City & State: 28 Melbourne, FL
Zip: 24 32935 Country: 25 Brevard
Zip: 29 32935 Country: 30 Brevard

9. Name and Address of Current Registered Agent
GARY, WILLIAM E
3845 VALLEY LANE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81 Name: Thomas W. Stratton
82 Street Address (P.O. Box Number is Not Acceptable): 2835 Ranch Road
83
84 City: Melbourne, FL 85 Zip Code: 32904

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 617.0502, Florida Statutes.
SIGNATURE: *Thomas W. Stratton* DATE: 4/22/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DALE, ROBERT	
STREET ADDRESS	210 PLANTATION CLUB	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STRATTON, THOMAS	
STREET ADDRESS	2835 RANCH ROAD	
CITY-ST-ZIP	W MELBORUNE FL 32904	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KATEHAKIS, DEE	
STREET ADDRESS	1025 RIVERSHORE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROSELL, DAVID L	
STREET ADDRESS	514 CARRIAGE ROAD	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32904	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ROMINE, JAMES A	
STREET ADDRESS	1030 BLUEGRASS LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32903	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GARY, WILLIAM E	
STREET ADDRESS	3845 VALLEY LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DV Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dale, Robert	
1.3 STREET ADDRESS	1720 Curlew	
1.4 CITY-ST-ZIP	Rockledge, FL 32955	
2.1 TITLE	DP President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stratton, Thomas	
2.3 STREET ADDRESS	2835 Ranch Road	
2.4 CITY-ST-ZIP	Melbourne, FL 32904	
3.1 TITLE	DS Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas, Melinda	
3.3 STREET ADDRESS	310 Myakka St., NE	
3.4 CITY-ST-ZIP	Palm Bay, FL 32904	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 in an attachment with an address.

CP2E037 (9/96)