

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732258

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: BIG BROTHERS BIG SISTERS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2450 MINTON ROAD  
W. MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2450 MINTON ROAD  
W. MELBOURNE, FL 32904 US

**New Mailing Address:**

2450 MINTON ROAD  
W. MELBOURNE, FL 32904 US

FEI Number: 59-6555007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NEWMAN, WARREN H  
1603 SEABURY PT., NW  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: KUENZLI, JEFF  
Address: 3017 ELBIB DRIVE  
City-St-Zip: ST. CLOUD, FL 34772 US

Title: TD ( ) Delete  
Name: DIPALO, DEAN  
Address: 2142 CHIPPEWA TRAIL  
City-St-Zip: MAITLAND, FL 32751 US

Title: SD ( ) Delete  
Name: ZADES, STACIA  
Address: 363 SAUDERS RD., SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: PD ( ) Delete  
Name: NEWMAN, WARREN  
Address: 1603 SEABURY PT., NW  
City-St-Zip: PALM BAY, FL 32907 US

Title: VPD ( ) Delete  
Name: CARLINE, KELLY  
Address: 845 N. LAKE CLAIRE CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY GRACE MURPHY

CEO

03/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date