2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732258

FILED Jan 06, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2450 MINTON ROAD 807 S. ORLANDO AVENUE

W. MELBOURNE, FL 32904 US SUITE L

US

WINTER PARK, FL 32789 US

Current Mailing Address: New Mailing Address:

807 S. ORLANDO AVENUE 2450 MINTON ROAD W. MELBOURNE, FL 32904

SUITE L

WINTER PARK, FL 32789 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: Name and Address of New Registered Agent:

NEWMAN, WARREN H DISLA, JENNIFER K CEO 1603 SEABURY PT., NW 1243 COSTAL CREEK CT. PALM BAY, FL 32907 ORLANDO, FL 32828

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: JENNIFER DISLA 01/06/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete (X) Change () Addition

KUENZLI, JEFF KUENZLI, JEFF Name: Name: 3017 ELBIB DRIVE Address: 3017 ELBIB DRIVE Address: City-St-Zip: ST. CLOUD, FL 34772 US City-St-Zip: ST. CLOUD, FL 34772 US

Title: TD () Delete Title: () Change () Addition

DIPAOLO, DEAN Name: Name: Address: 2142 CHIPPEWA TRAIL Address: City-St-Zip: MAITLAND, FL 32751 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ZADES, STACIA STRATTON, TOM Name: Name: Address: 363 SAUDERS RD., SE Address: 2835 RANCH RD.

City-St-Zip: PALM BAY, FL 32909 US City-St-Zip: W. MELBOURNE, FL 32904 US

Title: PD () Delete Title: **IMPD** (X) Change () Addition Name: NEWMAN, WARREN Name: NEWMAN, WARREN

1603 SEABURY PT., NW Address: Address: 1603 SEABURY PT., NW City-St-Zip: PALM BAY, FL 32907 US City-St-Zip: PALM BAY, FL 32907 US

Title: VPD () Delete Title: () Change () Addition

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEFF KUENZLI PD 01/06/2006