

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 19, 2007  
Secretary of State**

DOCUMENT# 732258

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

**Current Principal Place of Business:**

807 S. ORLANDO AVENUE  
SUITE L  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

807 S. ORLANDO AVENUE  
SUITE L  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-6555007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

DISLA, JENNIFER K CEO  
1243 COSTAL CREEK CT.  
ORLANDO, FL 32828 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: PD ( ) Delete  
Name: KUENZLI, JEFF  
Address: 3017 ELBIB DRIVE  
City-St-Zip: ST. CLOUD, FL 34772 US

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

Title: SD ( ) Delete  
Name: STRATTON, TOM  
Address: 2835 RANCH RD.  
City-St-Zip: W. MELBOURNE, FL 32904 US

Title: IMPD ( ) 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

Title: CEO ( ) Delete  
Name: DISLA, JENNIFER K CEO  
Address: 1243 COSTAL CREEK CT.  
City-St-Zip: ORLANDO, FL 32828 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:

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 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

03/19/2007

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

\_\_\_\_\_  
Date