

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732258

FILED
Jan 14, 2009
Secretary of State

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 ()**

Name and Address of Current Registered Agent:

RIDER, 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: PARE, JOHN
Address: 2020 ANDERSON PLACE
City-St-Zip: ORLANDO, FL 32803 US

Title: TD () Delete
Name: FRISCH, CAROL
Address: 2266 PARK MAITLAND CT.
City-St-Zip: MAITLAND, FL 32751 US

Title: SD (X) Delete
Name: GRAMLING, HEATHER
Address: 1933 STONE ABBEY BLVD.
City-St-Zip: ORLANDO, FL 32828 US

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

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

Title: VP (X) Delete
Name: WALLACE, ERIN
Address: 2830 ALSACE CT
City-St-Zip: ORLANDO, FL 32812 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
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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 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: JENNIFER RIDER

CEO

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date