

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 732657 (2)**  
1. Corporation Name  
**BIG BROTHERS/BIG SISTERS OF MANATEE COUNTY, INC.**



Principal Place of Business Mailing Address  
~~810-59RD AVE W~~ ~~610-59RD AVE W~~  
~~PO BOX 667~~ ~~BRADENTON FL 34207~~  
~~US~~ ~~US~~

3. Date Incorporated or Qualified **05/05/1975** 3a. Date of Last Report **04/17/1995**  
4. FEI Number **59-1913343** Applied For Not Applicable  
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 2a. Mailing Address  
21 **3239 14th ST. W.** 26 **3239 14th ST. W.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 \_\_\_\_\_ 27 \_\_\_\_\_  
City & State City & State  
23 **BRADENTON FL** 28 **BRADENTON FL**  
Zip Country Zip Country  
24 **34205** 25 **U.S.** 29 **34205** 30 **U.S.**

9. Name and Address of Current Registered Agent  
~~DIEMER, FRANGINE~~  
~~5415 HARBOR RD~~  
~~BRADENTON FL 34209~~

10. Name and Address of New Registered Agent  
81 Name **MS. JANICE PROCTOR**  
82 Street Address (P.O. Box Number is Not Acceptable) **3239 14th ST. W.**  
83 \_\_\_\_\_  
84 City **BRADENTON** 85 Zip Code **FL 34205**

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 617.0503, Florida Statutes.

SIGNATURE *Janice K. Proctor* (NOTE: Registered Agent signature required when reinstating) **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARKER, MICHELLE</b>	
STREET ADDRESS	<b>5129-39TH ST. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCUMBER, ANDREW</b>	
STREET ADDRESS	<b>7807-24TH AVE. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRUCE, ERIC</b>	
STREET ADDRESS	<b>2200 38TH AVE W 14R-527</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>PED</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PADEFORD, WM.</b>	
STREET ADDRESS	<b>6115 - 11TH AVE. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JANICE PROCTOR</b>	
1.3 STREET ADDRESS	<b>4111 18th AVE. W.</b>	
1.4 CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	
2.1 TITLE	<b>PED</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GEORGE NAIMY</b>	
2.3 STREET ADDRESS	<b>5810 41st ST. E.</b>	
2.4 CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>WM. PADEFORD</b>	
3.3 STREET ADDRESS	<b>6115 11th AVE W.</b>	
3.4 CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WILLIAM MACGRATH</b>	
4.3 STREET ADDRESS	<b>4921 72ND CT. E.</b>	
4.4 CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Janice K. Proctor* **4/30/96** **941-747-2779**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

CR2E037 (12/95)