

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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-~~
~~PO BOX 607-~~
~~BRADENTON FL 34207~~
~~US~~
~~810-59RD AVE W-~~
~~BRADENTON FL 34207~~
~~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 City & State 27 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

10. Name and Address of New Registered Agent

~~DIEMER, FRANKINE~~
~~5415 HARBOR RD~~
~~BRADENTON FL 34209~~

81 Name **MS. JANICE PROCTOR**
82 Street Address (P.O. Box Number is Not Acceptable)
3239 14th ST. W.
83
84 City **BRADENTON** **FL** 85 Zip Code **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*
Signature of registered agent and typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/96
Date

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, MICHELLE	
STREET ADDRESS	5129-39TH ST. W.	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCUMBER, ANDREW	
STREET ADDRESS	7807-24TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRUCE, ERIC	
STREET ADDRESS	2200 38TH AVE W 14R-527	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	PADELFORD, WM.	
STREET ADDRESS	6115 - 11TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANICE PROCTOR	
1.3 STREET ADDRESS	4111 18th AVE. W.	
1.4 CITY-ST-ZIP	BRADENTON, FL 34205	
2.1 TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE NAIMY	
2.3 STREET ADDRESS	5810 41st ST. E.	
2.4 CITY-ST-ZIP	BRADENTON, FL 34203	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WM. PADELFORD	
3.3 STREET ADDRESS	6115 11th AVE W.	
3.4 CITY-ST-ZIP	BRADENTON FL 34209	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM MACGRATH	
4.3 STREET ADDRESS	4921 72ND CT. E.	
4.4 CITY-ST-ZIP	BRADENTON, FL 34203	
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

941-747-2777
Daytime Phone #

CR2E037 (12/95)