

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733989 (8)

1. Corporation Name

BIG BROTHERS WOMEN'S AUXILIARY, INC.

Principal Place of Business

Mailing Address

147 BELCHER RD., SUITE 4
LARGO FL 34641

147 BELCHER RD., SUITE 4
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1975	3a. Date of Last Report 04/19/1994
4. FEI Number 59-1676937	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**ESSLINGER, THOMAS H.
147 BELCHER RD., SUITE 4
LARGO FL 34641**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	JOLLEY, ROBERT
STREET ADDRESS	13 FERNBROOKE DR
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	D
NAME	ESSLINGER, THOMAS H
STREET ADDRESS	147 BELCHER RD., SUITE 4
CITY - ST - ZIP	LARGO FL
TITLE	V
NAME	WHITE, LANGFRED
STREET ADDRESS	28059 U.S. HIGHWAY 19N #203
CITY - ST - ZIP	CLEARWATER FL
TITLE	PD
NAME	SARGENT, DIANE
STREET ADDRESS	14331 60TH STREET N
CITY - ST - ZIP	CLEARWATER FL
TITLE	T
NAME	RICHARDS, DARRYL
STREET ADDRESS	922 CHESTNUT ST.
CITY - ST - ZIP	CLEARTER FL
TITLE	S
NAME	RAWLINS, SHIRLEY
STREET ADDRESS	1700 SUNSHINE DR
CITY - ST - ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Immediate Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	Basil G. Smith
5.4 CITY - ST - ZIP	P.O. Box 22388
	St. Petersburg, FL 33742
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Secretary
6.3 STREET ADDRESS	Craig Cavanaugh
6.4 CITY - ST - ZIP	9800 4th St. N. Suite 100
	St. Petersburg, FL 33702

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 110.07(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 register or limited 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 additions.

SIGNATURE: Thomas H. Esslinger, Executive Director 4/13/95 (813) 530-9744
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR