

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 # 733989 (8)

1. Corporation Name

BIG BROTHERS WOMEN'S AUXILIARY, INC.



Principal Place of Business

147 BELCHER RD., SUITE 4
LARGO FL 34641

Mailing Address

147 BELCHER RD., SUITE 4
LARGO FL 34641

3. Date Incorporated or Qualified
10/06/1975

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1676937

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

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registered agent changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE V D
NAME JOLLEY, ROBERT
STREET ADDRESS 13 FERNBROOKE DR
CITY-ST-ZIP SAFETY HARBOR FL ☐ DELETE

TITLE D
NAME ESSLINGER, THOMAS H
STREET ADDRESS 147 BELCHER RD., SUITE 4
CITY-ST-ZIP LARGO FL ☐ DELETE

TITLE P D
NAME WHITE, LANGFRED
STREET ADDRESS 28059 U.S. HIGHWAY 19N #203
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE PD
NAME SARGENT, DIANE
STREET ADDRESS 14331 60TH STREET N
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE TRES
NAME SMITH, BASIL G
STREET ADDRESS P.O. BOX 22388
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

TITLE SEC
NAME CAVANAUGH, CRAIG
STREET ADDRESS 9800 4TH STREET N SUITE 100
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME Treas. D
23 STREET ADDRESS Eric Treichel
24 CITY-ST-ZIP Barnett Bank, 600 Cleveland St.
Clearwater, FL 34615

31 TITLE ☐ Change ☐ Addition
32 NAME 800001795588
33 STREET ADDRESS -04/26/96--01019--036
34 CITY-ST-ZIP ***122.50

41 TITLE ☐ Change ☒ Addition
42 NAME V.P. D
43 STREET ADDRESS Joe Schrage
44 CITY-ST-ZIP 300 First Ave. S., Ste. 300
St. Petersburg, FL 33701

51 TITLE ☒ Change ☐ Addition
52 NAME Sec. D
53 STREET ADDRESS Lynn Meyer
54 CITY-ST-ZIP First Union Bank - 5250 E. Bay Dr
Clearwater, FL 34624

61 TITLE ☐ Change ☒ Addition
62 NAME V.P. D
63 STREET ADDRESS Lucy Chapman
64 CITY-ST-ZIP WFLA-Radio 4002 A Gandy Blvd.
St. Petersburg, FL 33701

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/96 813-530-9744

CR2E037 (12/95)

6-2-96