

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 # **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**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1676937	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ESSLINGER, THOMAS H. 147 BELCHER RD., SUITE 4 LARGO FL 34641		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: _____ (NOTE: Registered Agent signature required when registered) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V D JOLLEY, ROBERT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13 FERNBROOKE DR SAFETY HARBOR FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ESSLINGER, THOMAS H <input type="checkbox"/> DELETE	2.1 TITLE	Treas. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	147 BELCHER RD., SUITE 4 LARGO FL	2.2 NAME	Eric Treichel
STREET ADDRESS		2.3 STREET ADDRESS	Barnett Bank, 600 Cleveland St. Clearwater, FL 34615
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P D WHITE, LANGFRED <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28059 U.S. HIGHWAY 19N #203 CLEARWATER FL	3.2 NAME	800001795588
STREET ADDRESS		3.3 STREET ADDRESS	-04/26/96--01019--036
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***122.50
TITLE	PD SARGENT, DIANE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14331 60TH STREET N CLEARWATER FL	4.2 NAME	Joe Schrage
STREET ADDRESS		4.3 STREET ADDRESS	300 First Ave. S., Ste. 300 St. Petersburg, FL 33701
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TRES SMITH, BASIL G <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 22388 ST. PETERSBURG FL	5.2 NAME	Lynn Meyer
STREET ADDRESS		5.3 STREET ADDRESS	First Union Bank - 5250 E. Bay Dr Clearwater, FL 34624
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SEC CAVANAUGH, CRAIG <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9800 4TH STREET N SUITE 100 ST PETERSBURG FL	6.2 NAME	V.P. D Lucy Chapman
STREET ADDRESS		6.3 STREET ADDRESS	WFLA-Radio 4002 A Gandy Blvd. St. Petersburg, FL 33701
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4/17/96** Daytime Phone #: **813-530-9744**

CR2E037 (12/95) 6-2-96