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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33771**

3. Date Incorporated or Qualified
10/06/1975

3a. Date of Last Report
06/02/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOLLEY, ROBERT	
STREET ADDRESS	13 FERNBROOKE DR	
CITY-ST-ZIP	SAFETY HARBOR FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESSLINGER, THOMAS H	
STREET ADDRESS	147 BELCHER RD., SUITE 4	
CITY-ST-ZIP	LARGO FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, LANGFRED	
STREET ADDRESS	28059 U.S. HIGHWAY 19N #203	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARGENT, DIANE	
STREET ADDRESS	14331 60TH STREET N	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TRICHEL, ERIC	
STREET ADDRESS	600 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL 34615	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEYER, LYNN	
STREET ADDRESS	5250 EAST BAY DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34624	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brubaker, Clayton	
1.3 STREET ADDRESS	c/o Xerox Corp. 42 W.Cypress St.	
1.4 CITY-ST-ZIP	Tampa, FL 33607	

2.1 TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gray, Pamela	
2.3 STREET ADDRESS	c/o Allstate 780 Carillon Pkwy.#400	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716	

3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Walder, Keith	
3.3 STREET ADDRESS	P.O. Box 6865	
3.4 CITY-ST-ZIP	Clearwater, FL	

4.1 TITLE		<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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	Vice President	<input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0076951**

CR2E037 (9/96)