

FILE NOW: FILING FEE IS \$61.25

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
---	---	---

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
---	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1975		3a. Date of Last Report 06/02/1996	
21	Suite, Apt. #, etc.		26	4. FEI Number 59-1676937		Applied For Not Applicable	
22	City & State		27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	Country	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice Pres <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOLLEY, ROBERT	1.2 NAME	Brubaker, Clayton
STREET ADDRESS	13 FERNBROOKE DR	1.3 STREET ADDRESS	c/o Xerox Corp. 42 W.Cypress St.
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESSLINGER, THOMAS H	2.2 NAME	Gray, Pamela
STREET ADDRESS	147 BELCHER RD., SUITE 4	2.3 STREET ADDRESS	c/o Allstate 780 Carillon Pkwy.#400
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, LANGFRED	3.2 NAME	Walder, Keith
STREET ADDRESS	28059 U.S. HIGHWAY 19N #203	3.3 STREET ADDRESS	P.O. Box 6865
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, DIANE	4.2 NAME	
STREET ADDRESS	14331 60TH STREET N	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREICHEL, ERIC	5.2 NAME	
STREET ADDRESS	600 CLEVELAND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, LYNN	6.2 NAME	
STREET ADDRESS	5250 EAST BAY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	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: *Thomas Esslinger* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **THOMAS ESSLINGER** Date **4/28/97** Daytime Phone # **913-330-7744**

CR2E037 (9/96)