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Apr 27, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

04-27-1999 90213 057 ****61.25
 04-27-1999 90213 058 *****8.75

DOCUMENT # 733989

1. Corporation Name

BIG BROTHERS WOMEN'S AUXILIARY, INC.

Principal Place of Business

918 WEST BAY DRIVE
 LARGO FL 33770

Mailing Address

918 WEST BAY DRIVE
 LARGO FL 33770



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/06/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1676937

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESSLINGER, THOMAS H.
 918 WEST BAY DRIVE
 LARGO FL 33770

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME TD BRUBAKER, CLAYTON
 STREET ADDRESS C/O CEROX CORP 42 W CYPRESS ST #100
 CITY-ST-ZIP TAMPA FL 33607

1.1 TITLE Change Addition
 1.2 NAME Vice President
 1.3 STREET ADDRESS Brubaker, Clayton
 1.4 CITY-ST-ZIP Forsythe Solutions, 3001 N. Rocky Pt., Tampa FL 33607

TITLE DELETE
 NAME ED ESSLINGER, THOMAS H
 STREET ADDRESS 918 WEST BAY DRIVE
 CITY-ST-ZIP LARGO FL 33770

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME PP WHITE, LANGFRED
 STREET ADDRESS 28059 U.S. HIGHWAY 19N #203
 CITY-ST-ZIP CLEARWATER FL 33761

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME VPD SARGENT, DIANE
 STREET ADDRESS 14331 60TH STREET N
 CITY-ST-ZIP CLEARWATER FL 33764

4.1 TITLE Change Addition
 4.2 NAME Vice President
 4.3 STREET ADDRESS Nikodem, Barry
 4.4 CITY-ST-ZIP Allstate, 800 Carillon Pkwy. St. Petersburg FL 33716

TITLE DELETE
 NAME VPD JOLLEY, ROBERT
 STREET ADDRESS 13 FERNBROOKE DR
 CITY-ST-ZIP SAFETY HARBOR FL 34695

5.1 TITLE Change Addition
 5.2 NAME Treasurer/Secretary
 5.3 STREET ADDRESS McAleer, Kay
 5.4 CITY-ST-ZIP Premier Bank, P.O. Box 2910 Largo FL 33779-2910

TITLE DELETE
 NAME PD MEYER, LYNN
 STREET ADDRESS 5250 EAST BAY DRIVE
 CITY-ST-ZIP CLEARWATER FL 33770

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Thomas Esslinger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (727) 518-8860

Date

Daytime Phone #

CR2E037 (1/198)