

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

10/06/1975

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

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Esslinger 4/21/99 (727) 518-8860

Date

Daytime Phone #

CR2E037 (11/98)