FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735200 (8)

1. Corporation Name
BIG BROTHERS AND SISTERS OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
113 PALMOLA STREET LAKELAND FL 33803	113 PALMOLA STREET LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1976
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1536579 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MUNDAY, KATHERINE
113 PALMOLA STREET
LAKELAND FL 33803

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Katherine Munday Katherine Munday, Executive Director 04-21-95
Enter name 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	PPD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	COMPARETTO, TANYA M	1.2 NAME	Davidson,E. Taylor	
STREET ADDRESS	113 PALMONA STREET	1.3 STREET ADDRESS	113 Palmola Street	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	PD	2.1 TITLE	VD	XX Change ☐ Addition
NAME	REED, SIMMON	2.2 NAME	Sims, Chris	
STREET ADDRESS	113 PALMOLA STREET	2.3 STREET ADDRESS	113Palmola Street	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	TD	3.1 TITLE	SD	XX Change ☐ Addition
NAME	SIMMERS, DENNIS	3.2 NAME	Pitts, Janet	
STREET ADDRESS	113 PALMOLA STREET	3.3 STREET ADDRESS	113 PAlmola Street	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VD	4.1 TITLE	TD	XX Change ☐ Addition
NAME	DEPRIEST, LAWTON	4.2 NAME	Anderson, Ira	
STREET ADDRESS	113 PALMOLA STREET	4.3 STREET ADDRESS	113 Palmola Street	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	SD	5.1 TITLE	PPD	XX Change ☐ Addition
NAME	MCCRANEY, THERESE A	5.2 NAME	Reed, Simmon	
STREET ADDRESS	113 PALMOLA STREET	5.3 STREET ADDRESS	113 Palmola Street	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lkaeland, FL 33803	
TITLE	TD	6.1 TITLE		XX Change ☐ Addition
NAME	VARASSE, JACK	6.2 NAME	** Please delete all	
STREET ADDRESS	113 PALMOLA STREET	6.3 STREET ADDRESS	names currently in	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	block 12.	

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)(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: Katherine Munday Katherine Munday, Executive Director 04-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044909