

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 735200 (8)
 1. Corporation Name
BIG BROTHERS/BIG SISTERS OF POLK COUNTY, INC.



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

3. Date Incorporated or Qualified: **03/10/1976**
 3a. Date of Last Report: **04/27/1995**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 Suite, Apt. #, etc.: **27**
 City & State: **23**
 City & State: **28**
 Zip: **24**
 Country: **25**
 Zip: **29**
 Country: **30**

9. Name and Address of Current Registered Agent
DAVIDSON, E. TAYLOR
205 S. FLORIDA AVENUE
LAKELAND FL 33801

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: E. TAYLOR DAVIDSON (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, TAYLOR	1.2 NAME	Davidson, Taylor
STREET ADDRESS	205 S. FLORIDA AVENUE	1.3 STREET ADDRESS	205S. Florida Ave.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, CHRIS	2.2 NAME	Christine B. Sims
STREET ADDRESS	1175 S. FIRST STREET	2.3 STREET ADDRESS	1175 S. First St.
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	Bartow, FL. 33830
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTS, JANET	3.2 NAME	Pitts, Janet <i>No change</i>
STREET ADDRESS	1645 S. KISSINGEN	3.3 STREET ADDRESS	1645 S. Kissingen
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, IRA	4.2 NAME	No change
STREET ADDRESS	332 MORNINGSIDE DRIVE	4.3 STREET ADDRESS	No change
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	No change
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, SIMMON	5.2 NAME	D/V Maddox, Edward Jr.
STREET ADDRESS	5601 TREE STAND LANE	5.3 STREET ADDRESS	803 Hamilton Place Dr.
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, JEFF	6.2 NAME	B. Hagerman, Monte
STREET ADDRESS	1239 E. MAIN STREET	6.3 STREET ADDRESS	6214 Magnolia Ln.
CITY-ST-ZIP	BARTOW FL	6.4 CITY-ST-ZIP	Lakeland, FL 33809

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)(k), 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: Reed Simon Date: 6/27/96 Daytime Phone #: (941) 687-4010

CP2E037 (3/96)