

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4: 31

DOCUMENT # **739327** (5)

1. Corporation Name
BIG BROTHERS/BIG SISTERS OF GREATER GAINESVILLE, INC.

Principal Place of Business Mailing Address
P.O. BOX 14532 P.O. BOX 14532
GAINESVILLE FL 32604 GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1977	3a. Date of Last Report 04/08/1994
4. FBI Number 59-1643115	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1212 NW 12th Ave	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite C3	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28
Zip 24 32601	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KNELLINGER, RICHARD M.
2815 NW 13TH STREET
GAINESVILLE FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MYNATT, MIKE
STREET ADDRESS	334 10 SW 62 BLVD
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	VD
NAME	METZLER, MICHAEL
STREET ADDRESS	RT 1, BOX 349
CITY-ST-ZIP	ALACHUA, FL 0 32615
TITLE	VD
NAME	HERMAN, SHELLI
STREET ADDRESS	1810 NW 23RD BLVD., #119
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	ED
NAME	PEARCE, PAMELA
STREET ADDRESS	1212 NW 12TH AVE., #C-3
CITY-ST-ZIP	GAINESVILLE FL 32601
TITLE	VD
NAME	CURINGTON, JIM
STREET ADDRESS	2001 NW 57 TERR
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Metzler, Michael
2.3 STREET ADDRESS	Same info
2.4 CITY-ST-ZIP	title only
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	delete shelli Herman
3.3 STREET ADDRESS	Mary Ann Maguire
3.4 CITY-ST-ZIP	2411 NW 69 Terr Gainesville, FL 32606
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP Ronaldo Swilley
5.3 STREET ADDRESS	delete Jim Curington
5.4 CITY-ST-ZIP	1950 NE 27 Ave Gainesville, FL 32609
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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: *Pam Pearce* **Pam Pearce** 1-24-95 904-375-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR