

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739327 (5)
1. Corporation Name
BIG BROTHERS/BIG SISTERS OF GREATER GAINESVILLE, INC.



Principal Place of Business: 1212 NW 12TH AVE. SUITE C3 GAINESVILLE FL 32601 US
Mailing Address: P.O. BOX 14532 GAINESVILLE FL 32604

3. Date Incorporated or Qualified: 06/13/1977
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.
4. FEI Number: 59-1643115
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

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 (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: BO	NAME: MYNATT, MIKE STREET ADDRESS: 334 10 SW 62 BLVD CITY-ST-ZIP: GAINESVILLE FL 32607	1.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: METZIER, MICHAEL STREET ADDRESS: RT 1, BOX 349 CITY-ST-ZIP: ALACHUA, FL 0	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: MAGUIRE, MARY STREET ADDRESS: 2411 NW 69 TERR. CITY-ST-ZIP: GAINESVILLE FL	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ED	NAME: PEARCE, PAMELA STREET ADDRESS: 1212 NW 12TH AVE., #C-3 CITY-ST-ZIP: GAINESVILLE FL 32601	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: SWILLEY, RONALDO STREET ADDRESS: 1850 NE 27 AVE. CITY-ST-ZIP: GAINESVILLE FL	5.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	5.2 NAME: Vance, Debi	
TITLE:	NAME:	5.3 STREET ADDRESS: 4221 SW 7th Terrace	
TITLE:	NAME:	5.4 CITY-ST-ZIP: Gainesville, FL 32606	
TITLE:	NAME:	6.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME: DON SHAW	
TITLE:	NAME:	6.3 STREET ADDRESS: 2618 SW 100th St	
TITLE:	NAME:	6.4 CITY-ST-ZIP: Gainesville, FL 32607	

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: Pam Pearce Date: 4-21-96 Daytime Phone #: 352-375-2525

CR2E087 (12/95)