

**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

Mailing Address

1212 NW 12TH AVE.  
SUITE C3  
GAINESVILLE FL 32601  
US

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

2a. Mailing Address

21

26

4. FEI Number

**59-1643115**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~BO~~  DELETE

NAME **MYNATT, MIKE**  
STREET ADDRESS **334 10 SW 62 BLVD**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

1.1 TITLE  Change  Addition

TITLE **TD**  DELETE

NAME **METZIER, MICHAEL**  
STREET ADDRESS **RT 1, BOX 349**  
CITY-ST-ZIP **ALACHUA, FL 0**

2.1 TITLE  Change  Addition

TITLE **VP**  DELETE

NAME **MAGUIRE, MARY**  
STREET ADDRESS **2411 NW 69 TERR.**  
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE  Change  Addition

TITLE **ED**  DELETE

NAME **PEARCE, PAMELA**  
STREET ADDRESS **1212 NW 12TH AVE., #C-3**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

4.1 TITLE  Change  Addition

TITLE **VP**  DELETE

NAME **SWILLEY, RONALDO**  
STREET ADDRESS **1850 NE 27 AVE.**  
CITY-ST-ZIP **GAINESVILLE FL**

5.1 TITLE  Change  Addition

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition

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 Pam Pearce 4-21-96 352-375-2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E087 (12/95)