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**Mar 06 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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 32604-2532**

3. Date Incorporated or Qualified **06/13/1977** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

4. FEI Number **59-1643115** Applied For Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MYNATT, MIKE	
STREET ADDRESS	334 10 SW 62 BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	PEARCE, PAMELA	
STREET ADDRESS	1212 NW 12TH AVE., #C-3	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VANCE, DEBI	
STREET ADDRESS	4221 SW 70TH TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAW, DON	
STREET ADDRESS	2618 SW 100TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Pam Pearce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97 Date 1-352 375-2525 Daytime Phone #0010818

CR2E037 (9/96)