

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/13/1977		
4. FEI 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

KNELLINGER, RICHARD M. 2615 NW 13TH STREET GAINESVILLE FL	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City FL 85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	MYNATT, MIKE	1.2 NAME	SUCHORSKI, JOAN
STREET ADDRESS	334 10 SW 62 BLVD	1.3 STREET ADDRESS	1631 NW 94 ST.
CITY-ST-ZIP	GAINESVILLE FL 32607	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	ED	2.1 TITLE	
NAME	PEARCE, PAMELA	2.2 NAME	
STREET ADDRESS	1212 NW 12TH AVE., #C-3	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	MATHIEU, IVY (VP)
NAME	VANCE, DEBI	3.2 NAME	PO BOX 147012
STREET ADDRESS	4221 SW 70TH TERR.	3.3 STREET ADDRESS	GAINESVILLE, FL 32604
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	PD
NAME	SHAW, DON	4.2 NAME	DIETRICH, MARKUS
STREET ADDRESS	2618 SW 100TH ST.	4.3 STREET ADDRESS	4431 NW 14TH PLACE
CITY-ST-ZIP	GAINESVILLE FL 32607	4.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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* 1-20-98 (352) 375-2525

CFR2E037 (10/97)