

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1212 NW 12TH AVE. SUITE C3 GAINESVILLE FL 32601 US</b>	Mailing Address <b>P.O. BOX 14532 GAINESVILLE FL 32604</b>
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3. Date Incorporated or Qualified <b>06/13/1977</b>		
4. FEI Number <b>59-1643115</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SUCHORSKI, JOAN</b>	
1.3 STREET ADDRESS	<b>1631 NW 94 ST.</b>	
1.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32607</b>	
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	<b>MATHIEU, IVY (VP)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PO BOX 147012</b>	
3.3 STREET ADDRESS	<b>GAINESVILLE, FL 32604</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DIETRICH, MARKUS</b>	
4.3 STREET ADDRESS	<b>4431 NW 14TH PLACE</b>	
4.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>	
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 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

CF2E037 (10/97)