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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 739327

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/13/1977

4. FEI Number
 59-1643115

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 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

TITLE **TD** DELETE
 NAME **SCHORSKI, JOAN**
 STREET ADDRESS **1631 NW 94 ST**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE **VP** DELETE
 NAME **MATHIEU, IVY**
 STREET ADDRESS **P O BOX 147012**
 CITY-ST-ZIP **GAINESVILLE FL 32614**

TITLE **PD** DELETE
 NAME **DIETRICH, MARKUS**
 STREET ADDRESS **4431 NW 14TH PL**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** Change Addition
 1.2 NAME **SUCHORSKI, JOAN**
 1.3 STREET ADDRESS **1631 NW 94 ST**
 1.4 CITY-ST-ZIP **GAINESVILLE, FL 32607**

2.1 TITLE **TD** Change Addition
 2.2 NAME **DUCHARME, MARK**
 2.3 STREET ADDRESS **5244 SW 97 WAY**
 2.4 CITY-ST-ZIP **GAINESVILLE, FL 32608**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Janice Jan 4, 99 375-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)