


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90040 040 ****70.00

DOCUMENT # 739327

1. Entity Name
BIG BROTHERS/BIG SISTERS OF GREATER GAINESVILLE, INC.



Principal Place of Business
 1155 N.W. 13 STREET
 GAINESVILLE, FL 32601 US

Mailing Address
 1155 N.W. 13 STREET
 GAINESVILLE, FL 32601 US

54003211



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01062004 Chg-NP CR2E037 (10/03)

| | |
|---|--|
| 4. FEI Number 59-1643115 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BROILES, JANET 115 NW 13TH ST GAINESVILLE, FL 32601 | | Name <u>Broiles, Janet</u> Street Address (P.O. Box Number is Not Acceptable) <u>1155 NW 13th Street</u> City <u>Gainesville</u> FL Zip Code <u>32601</u> | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Janet P. Broiles (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|--|--|
| TITLE: VD NAME: DEL RIO, EVA STREET ADDRESS: P.O. BOX 147147 CITY-ST-ZIP: GAINESVILLE, FL 32614 | <input type="checkbox"/> Delete | TITLE: SD NAME: Del Rio, EVA STREET ADDRESS: PO Box 147147 CITY-ST-ZIP: Gainesville, FL 32614 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PD NAME: DURCHARME, MARK STREET ADDRESS: 9511 SW 35TH LN CITY-ST-ZIP: GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete | TITLE: PPD NAME: Durcharme, MARK STREET ADDRESS: 9511 SW 35th LN CITY-ST-ZIP: Gainesville, FL 32601 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SD NAME: MACLIESH-WHITE, ODETTA STREET ADDRESS: 4707 NW 53RD AVE APT A CITY-ST-ZIP: GAINESVILLE, FL 32608 | <input checked="" type="checkbox"/> Delete | TITLE: PD NAME: Wright, Danaya STREET ADDRESS: PO Box 117625 CITY-ST-ZIP: Gainesville, FL 32611 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: TD NAME: KEARNEY, JOHN STREET ADDRESS: 5003 SW 41ST BLVD CITY-ST-ZIP: GAINESVILLE, FL 32608 | <input type="checkbox"/> Delete | TITLE: E | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: PPD NAME: GILLAND, DANNY STREET ADDRESS: 223 SW 132ND TERR CITY-ST-ZIP: TIOGA, FL 32608 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet P. Broiles Date 2-2-04 Daytime Phone # _____