


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



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1643115

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROILES, JANET
 115 NW 13TH ST
 GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name **Broiles, Janet**

Street Address (P.O. Box Number is Not Acceptable)
1155 NW 13th Street

City **Gainesville** FL Zip Code **32601**

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

TITLE: VD	<input type="checkbox"/> Delete
NAME: DEL RIO, EVA	
STREET ADDRESS: P.O. BOX 147147	
CITY-ST-ZIP: GAINESVILLE, FL 32614	
TITLE: PD	<input type="checkbox"/> Delete
NAME: DURCHARME, MARK	
STREET ADDRESS: 9511 SW 35TH LN	
CITY-ST-ZIP: GAINESVILLE, FL 32601	
TITLE: SD	<input checked="" type="checkbox"/> Delete
NAME: MACLIESH-WHITE, ODETTA	
STREET ADDRESS: 4707 NW 53RD AVE APT A	
CITY-ST-ZIP: GAINESVILLE, FL 32608	
TITLE: TD	<input type="checkbox"/> Delete
NAME: KEARNEY, JOHN	
STREET ADDRESS: 5003 SW 41ST BLVD	
CITY-ST-ZIP: GAINESVILLE, FL 32608	
TITLE: PPD	<input checked="" type="checkbox"/> Delete
NAME: GILLAND, DANNY	
STREET ADDRESS: 223 SW 132ND TERR	
CITY-ST-ZIP: TIOGA, FL 32608	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEL RIO, EVA	
STREET ADDRESS: PO Box 147147	
CITY-ST-ZIP: Gainesville, FL 32614	
TITLE: PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Durcharme, MARK	
STREET ADDRESS: 9511 SW 35th LN	
CITY-ST-ZIP: Gainesville, FL 32601	
TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Wright, Danaya	
STREET ADDRESS: PO Box 117625	
CITY-ST-ZIP: Gainesville, FL 32611	
TITLE: E	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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 #