2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 739327

Entity Name: BIG BROTHERS BIG SISTERS OF MID-FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1643115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RACE, JOY M
1155 NW 13TH STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

HALPERN, PAUL J
1155 NW 13TH STREET
GAINESVILLE, FL 32601 US

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.

SIGNATURE: PAUL HALPERN 01/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LARSON, LEON
Address: 1631 NW 94TH ST.
City-St-Zip: GAINESVILLE, FL 32606

Title: SEC ( ) Delete
Name: STOWELL, KENNETH
Address: 3300 SW WILLISTON RD.
City-St-Zip: GAINESVILLE, FL 32608

Title: TRES ( ) Delete
Name: CHRISTIAN, LAWRENCE
Address: 2610 NW 43RD STREET 1B
City-St-Zip: GAINESVILLE, FL 32606

Title: IMPP ( ) Delete
Name: MARTIN, AUBRONCEE
Address: 35 NORTH MAIN ST.
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON LARSON PRES 01/13/2009
Electronic Signature of Signing Officer or Director Date