

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756683 (9)

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

2112 CONGRESS AVE SOUTH
SUITE 200
WEST PALM BEACH FL 33406
US

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SUITE 200
WEST PALM BEACH FL 33406
US

3. Date Incorporated or Qualified
03/09/1981

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2078576

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEESE, JOHN
3469 SUMMIT BLVD
WEST PALM BEACH FL 33406

81 Name

Linda M. Olson

82 Street Address (P.O. Box Number is Not Acceptable)

316 Banyan Blvd.

83

84 City

West Palm Beach

85 FL

Zip Code
33402

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 *Linda M. Olson* Linda M. Olson, President

02/09/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME CHRISTENSEN, JOHN
STREET ADDRESS 1645 PALM BEACH LAKES BLVD
CITY-ST-ZIP W. PALM BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME OLSON, LINDA, M
STREET ADDRESS P.O. BOX 4118 N/A
CITY-ST-ZIP W. PALM BEACH FL 33402

2.1 TITLE P/D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME WELLMAN, PETER
STREET ADDRESS 777 S. FLAGLER DRIVE, STE. 1200
CITY-ST-ZIP WEST PALM BEACH FL

3.1 TITLE S/D Change Addition
3.2 NAME Blumberg, Joel B.
3.3 STREET ADDRESS 1645 Palm Beach Lakes Blvd., Suite 580
3.4 CITY-ST-ZIP West Palm Beach FL 33401

TITLE PD DELETE
NAME DEESE, JOHN,
STREET ADDRESS 3469 SUMMIT BLVD.
CITY-ST-ZIP W. PALM BEACH FL

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

TITLE D DELETE
NAME MENOR, ARTHUR J
STREET ADDRESS 250 AUSTRALIAN AVE SOUTH #500
CITY-ST-ZIP W. PALM BEACH FL

5.1 TITLE D Change Addition
5.2 NAME Johnson, William
5.3 STREET ADDRESS 1645 Palm Beach Lakes Blvd., Suite 900
5.4 CITY-ST-ZIP West Palm Beach, FL 33401

TITLE SD DELETE
NAME STEWART, JACQUELINE
STREET ADDRESS 250 AUSTRALIAN AVENUE SOUTH
CITY-ST-ZIP W. PALM BEACH FL

6.1 TITLE D Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Linda M. Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda M. Olson

02/09/96

Date

407-966-4120

Daytime Phone #

CR2E037 (12/95)