

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, I NC.



Principal Place of Business Mailing Address
2112 CONGRESS AVE SOUTH SUITE 200 WEST PALM BEACH FL 33406 US

3. Date Incorporated or Qualified 03/09/1981
3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 Jacqueline Stewart
82 Street Address (P.O. Box Number is Not Acceptable) 2650 N. Military Tr., Suite 400
83
84 City West Palm Beach FL 85 Zip Code 33431

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 *Jacqueline M. Stewart*

Jacqueline Stewart, President

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, JOHN	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLSON, LINDA, M	
STREET ADDRESS	P.O. BOX 4118 N/A	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BLUMBERG, JOEL B.	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD, STE 580	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEESE, JOHN,	
STREET ADDRESS	3469 SUMMIT BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	1545 PALM BEACH LAKES BLVD, STE 900	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, JACQUELINE	
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH	
CITY-ST-ZIP	W. PALM BEACH FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thompson, Larry	
1.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., Suite 900	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mixon, Anita	
3.3 STREET ADDRESS	218 Datura Street	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Powell, John M.	
4.3 STREET ADDRESS	1555 Palm Beach Lakes Blvd., #310	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)