2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756683

FILED Mar 08, 2005 Secretary of State

Entity Name: BIG BROTHERS/BIG SISTERS OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
	IGRESS AVE S	OUTH					
SUITE 200 WEST PA) LM BEACH, FL	33406	US				
Current Mailing Address:				New Maili	New Mailing Address:		
2112 CON	IGRESS AVE S	OUTH					
SUITE 200 WEST PA) LM BEACH, FL	33406	US				
	: 59-2078576		ber Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	d Address of C	urrent Re	egistered Agent:	Name and	Address of New Registered Agent:		
3851 NOR CONDO #	IAN, ELIZABETI RTH OCEAN BL 115 REAM, FL 3348	VD					
	e named entity s e of Florida.	ubmits th	is statement for the	purpose of changing i	ts registered office or registered agent, or botl		
SIGNATU	RE:						
	Electroni	ic Signatu	re of Registered Ag	ent	Date		
OFFICER	S AND DIRECT	rors:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO		
√ame: Address:	ED () CALLAGHAN, EI 3851 NORTH OG GULFSTREAM,	CEAN BLVD) CONDO # 115	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	CALLAGHAN, ÉI 3851 NORTH OG GULFSTREAM,	LIZABETH CEAN BLVD FL 33483 Delete / HOUSE CIF		Title: Name: Address:			
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	CALLAGHAN, EI 3851 NORTH OG GULFSTREAM, TR () DUNRAY, MARY 5770 E COACH BOCA RATON, F	LIZABETH CEAN BLVD FL 33483 Delete / HOUSE CIF FL 33468 Delete CY ER ROAD	RCLE	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition		
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I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIZABETH CALLAGHAN ED 03/08/2005