

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90050 033 ****70.00

DOCUMENT # 756683 1. Entity Name BIG BROTHERS/BIG SISTERS OF PALM BEACH COUNTY, INC.					
Principal Place of Business 2112 CONGRESS AVE SOUTH SUITE 200 WEST PALM BEACH, FL 33406 US			Mailing Address 2112 CONGRESS AVE SOUTH SUITE 200 WEST PALM BEACH, FL 33406 US		
2. Principal Place of Business - No P.O. Box # 1665 PALM BEACH LAKES BLVD Suite, Apt. #, etc. B-550		3. Mailing Address 1665 PALM BEACH LAKES BLVD Suite, Apt. #, etc. B-550			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 59-2078576	
Zip 33401		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALY, TERRY LEE 2708 RAVELLA WAY PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KALY, TERRY LEE 2708 RAVELLA WAY PALM BEACH GARDENS, FL 33410 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TROUTMAN, TIMOTHY 1611 OAK BERRY CIRCLE WELLINGTON, FL 33414 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SLEUMAN, NANCY 7830 NILE RIVER ROAD WEST PALM BEACH, FL 33411 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GREENE, DAVID 5407 SUNSEEKER BLVD GREENACRES, FL 33463 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECD FRANCINE, NELSON 13115 BEL HAVEN COURT #23 WELLINGTON, FL 33414 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD JOHN, APGAR 2870 NE 26TH STREET FT LAUDERDALE, FL 33305 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD DAVID, GREENE 5407 SUNSEEKER BLVD GREENACRES, FL 33463 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD O'BRIEN, ROBERT 3090 WINDSOR CIRCLE BOCA RATON, FL 33434 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Terry L Kaly</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-20-07 <small>Date</small>		