

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **759979** (8)  
1. Corporation Name  
**BIG BROTHERS/BIG SISTERS OF TAMPA BAY, INC.**

Principal Place of Business Mailing Address  
**405 N REO ST., #260 TAMPA FL 33609** **405 N REO ST., #260 TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1981** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2173085** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.039 Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**GOODE, JAMES E., EXECUTIVE DIRECTOR  
405 N. REO ST., #260  
TAMPA FL 33609**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>VD</del>
NAME	<del>NIX, JOHN</del>
STREET ADDRESS	<del>11500 5TH ST NO.</del>
CITY - ST - ZIP	<del>ST PETERSBURG FL</del>
TITLE	VD
NAME	WILSON, EBBA
STREET ADDRESS	5204 TENNIS COURT CIRCLE
CITY - ST - ZIP	TAMPA FL
TITLE	<del>SD</del>
NAME	<del>LUM, CARLETON</del>
STREET ADDRESS	<del>4110 GEORGE ROAD</del>
CITY - ST - ZIP	<del>TAMPA FL</del>
TITLE	<del>TD</del>
NAME	<del>PIETZ, GREGORY</del>
STREET ADDRESS	<del>5555 W. HILLSBOROUGH AVE.</del>
CITY - ST - ZIP	<del>TAMPA FL</del>
TITLE	ED
NAME	GOODE, JAMES E.
STREET ADDRESS	405 N. REO ST. #260
CITY - ST - ZIP	TAMPA FL
TITLE	PD
NAME	FOWLER, ELIZABETH
STREET ADDRESS	405 N. REO ST. #260
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mike Hanna	
1.3 STREET ADDRESS	100 S. Ashley Dr #1000	
1.4 CITY - ST - ZIP	Tampa, FL 33602	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dennis Fedorovich	
3.3 STREET ADDRESS	2025 E. 7th Ave	
3.4 CITY - ST - ZIP	Tampa, FL 33605	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michelle Hutson	
4.3 STREET ADDRESS	12005 Wadsworth Dr	
4.4 CITY - ST - ZIP	Tampa, FL 33626	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Elizabeth Fowler	
6.3 STREET ADDRESS	3218 Palmyra St	
6.4 CITY - ST - ZIP	Tampa, FL 33629	

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)(b), 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: James E. Goode 3/28/95  
Typed Name and Title of Signing Officer or Director Date