

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

FILED
Feb 21 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified **09/18/1981** 3a. Date of Last Report **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, 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 28 Zip Country 29 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when nonstate) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANNA, MIKE	
STREET ADDRESS	100 S ASHLEY DR. #1000	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, EBBA	
STREET ADDRESS	5204 TENNIS COURT CIRCLE	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FEDOROVICH, DENNIS	
STREET ADDRESS	2025 E 7TH AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HUTSON, MICHELLE	
STREET ADDRESS	12005 WADSWORTH DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	GOODE, JAMES E.	
STREET ADDRESS	405 N. REO ST. #260	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, ELIZABETH	
STREET ADDRESS	3218 PALMIRA ST.	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GULLO, GLENN	
2.3 STREET ADDRESS	3659 CORTEZ RD #110	
2.4 CITY - ST - ZIP	BRADENTON FL 34210	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOOREHEAD, HENRY	
3.3 STREET ADDRESS	2807 LINTHICUM PL	
3.4 CITY - ST - ZIP	TAMPA FL 33618	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEFAN, JAMES	
4.3 STREET ADDRESS	306 E JACKSON ST	
4.4 CITY - ST - ZIP	TAMPA FL 33602	
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		<input 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 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: _____ DATE: 2-15-96 DAYTIME PHONE #: 813-287-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAMES E. GOODE

CR2E037 (12/95)