


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759979 (8)
1. Corporation Name
BIG BROTHERS/BIG SISTERS OF TAMPA BAY, INC.



Principal Place of Business 405 N REO ST., #260 TAMPA FL 33609	Mailing Address 405 N REO ST., #260 TAMPA FL 33609
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3. Date Incorporated or Qualified
09/18/1981

4. FEI Number
59-2173065

Applied For	Not Applicable
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2. Principal Place of Business
21. Suite, Apt. #, etc.

2a. Mailing Address
26. Suite, Apt. #, etc.

23. City & State
28. City & State

24. Zip
25. Country
29. Zip
30. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, ROD	
STREET ADDRESS	P O BOX 1288	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GULLO, GLENN	
STREET ADDRESS	6026 JET PORT INDUSTRIAL BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOOREHEAD, HENRY	
STREET ADDRESS	2807 LINTHICUM PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEFAN, JAMES	
STREET ADDRESS	306 EAST JACKSON STREET	
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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	ANDERSON, ROD	
1.3 STREET ADDRESS	400 N. Ashley	
1.4 CITY-ST-ZIP	TAMPA FL 33602	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHNSON, LORIEN SMITH	
2.3 STREET ADDRESS	4304 W CORONA	
2.4 CITY-ST-ZIP	TAMPA, FL 33629	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	INZINA, SUZANNE	
3.3 STREET ADDRESS	12005 WANDSWORTH DR	
3.4 CITY-ST-ZIP	TAMPA FL 33626	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SUSAN TILLOTSON MILLS	
4.3 STREET ADDRESS	400 N. Ashley	
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 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.

SIGNATURE: James E. Goode 3/16/98 813-287-2210

CR2E037 (10/97)