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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90120 038 \*\*\*\*70.00

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**DOCUMENT # 759979**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/18/1981

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

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

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 PD ☒ DELETE  
NAME ANDERSON, ROD  
STREET ADDRESS 400 N ASHLEY  
CITY-ST-ZIP TAMPA FL 33602

TITLE VD ☐ DELETE  
NAME JOHNSON, LORIEN SMITH  
STREET ADDRESS 4304 W CORONA  
CITY-ST-ZIP TAMPA FL 33629

TITLE TD ☒ DELETE  
NAME INZINA, SUZANNE  
STREET ADDRESS 12005 WANDSWORTH DR.  
CITY-ST-ZIP TAMPA FL 33626

TITLE SD ☒ DELETE  
NAME MILLS, SUSAN TILLOTSO  
STREET ADDRESS 400 N ASHLEY  
CITY-ST-ZIP TAMPA FL 33602

TITLE ED ☐ DELETE  
NAME GOODE, JAMES E.  
STREET ADDRESS 405 N. REO ST. #260  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☐ Change ☒ Addition  
1.2 NAME Stephen Koach  
1.3 STREET ADDRESS 11601 Roosevelt Blvd  
1.4 CITY-ST-ZIP St Petersburg, FL 33716

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME Kim Rudolph  
3.3 STREET ADDRESS 4100 Bay Scout Blvd  
3.4 CITY-ST-ZIP Tampa, FL 33607

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME James Stefan  
4.3 STREET ADDRESS 306 E. Jackson  
4.4 CITY-ST-ZIP Tampa, FL 33602

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/4/99

(813) 287-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)