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

DOCUMENT # 760273 (3)

1. Corporation Name

BIG BROTHERS & BIG SISTERS OF THE BIG BEND, INC.

Principal Place of Business	Mailing Address
2337 WEDNESDAY ST. TALLAHASSEE FL 32308	2337 WEDNESDAY ST. TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 10/05/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2130789 ☐ 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

9. Name and Address of Current Registered Agent

~~JOHN SMITH~~ Rich Rasmussen
~~1114 WYSTERIA DRIVE~~ 1111 Sandhurst Dr.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: Rich Rasmussen President
82 Street Address (P.O. Box Number Is Not Acceptable): 1111 Sandhurst Dr.
83
84 City: Tallahassee FL 85 Zip Code: 32312

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: Richard H. Rasmussen — 3-19-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	~~HARRISON, BARBARA~~		1.2 NAME	Karen Rice	
STREET ADDRESS	~~2217 PINELAND DR~~		1.3 STREET ADDRESS	2304 Claremont Ln.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL. 32301	
TITLE	VP	☒ DELETE	2.1 TITLE	I	☒ Change ☐ Addition
NAME	~~MELANIE MOWRY~~		2.2 NAME	John Smith	
STREET ADDRESS	~~4908 HEATHE DR~~		2.3 STREET ADDRESS	1111 Sandhurst Dr.	
CITY-ST-ZIP	~~TALLAHASSEE FL 32308~~		2.4 CITY-ST-ZIP	Tallahassee, FL. 32312	
TITLE	ST	☐ DELETE	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	MEG GUYTON		3.2 NAME	Meg Guyton	
STREET ADDRESS	2544 MARSTON RD		3.3 STREET ADDRESS	2544 Marston Rd.	
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP	Tallahassee, FL. 32312	
TITLE	ED	☐ DELETE	4.1 TITLE	ED	☒ Change ☐ Addition
NAME	SANDRIDGE, LEAH M D.		4.2 NAME	Leah D. Sandridge	
STREET ADDRESS	2337 ~~WEDNESDY~~ ST		4.3 STREET ADDRESS	2337 Wednesday St.	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP	Tallahassee, FL. 32308	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Leah D. Sandridge MSW, Executive Director 3/4/96 (904) 386-6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #