## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

760273

(3)

## BIG BROTHERS & BIG SISTERS OF THE BIG BEND, INC. Principal Place of Business Mailing Address 2337 WEDNESDAY ST. 2337 WEDNESDAY ST. 3. Date Incorporated or Qualified TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 10/05/198<u>1</u> 4. FEI Number Applied For 59-2130789 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 27 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 28 23 Country Zip 8. This corporation owes or has paid the current year intangible Zip Country Yes Personal Property Tax due June 30. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RASMUSSEN, RICH Street Address (P.O. Box Number Is Not Acceptable) -1111 GANDHURST DR: TALLAHASSEE FL 32312 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.4 TITLE Treasurer TITLE Bud Fennena 3136 O'Brien **CMITH, JOHN** 1.2 NAME NAME <del>-1111 SANDHURST DR:</del> 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE MEG GUYTON 2.2 NAME NAME 2544 MARSTON RD 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE SANDRIDGE, LEAH D 3.2 NAME NAME 2337 WEDNESDAY ST. 3.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition TIT1 F DELETE 4.1 TITLE STANNARD, CHUCK HALLE 4. 2 NAME 407 CASTLETON CIR. 4.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change \_\_\_ Addition TITLE DELETE 6.1 TITLE NAME 8.2 NAME **6.3 STREET ADDRESS** STREET ADORESS

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 cath; 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.

6.4 CITY - ST - ZIP

Sees O Sordridge

4.27.98

386.6002

FILED

May 06 1998 8:00am

Secretary of State