FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90014 026 ****61.25

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DOCUMENT # 760273

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 10/05/1981

4. FEI Number: 59-2130789 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

RASMUSSEN, RICH
405 EL DESTINADO DR
TALLAHASSEE FL 32312

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FENNERA, BUD		1.2 NAME	
STREET ADDRESS	3136 O'BRIEN DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~MEG GUYTON~~ Rich Rasmussen		2.2 NAME	
STREET ADDRESS	~~2544 MARSTON RD~~ 405 El Destinado Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDRIDGE, LEAH D		3.2 NAME	
STREET ADDRESS	2337 WEDNESDAY ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~STANNARD, CHUCK~~ Stephanie Leeds		4.2 NAME	
STREET ADDRESS	~~407 CASTLETON CIR~~ 4113 Wigginton Rd.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP	
TITLE	President	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Dan Walsh		5.2 NAME	
STREET ADDRESS	1620-B Willow Bend Way		5.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl. 32301		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 (11/98)

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: Leah D. Sandridge **REQUIRED** 6.3.99 (850) 386.6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #