


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR -7 AM 8: 22

DOCUMENT # 760273

1. Entity Name
BIG BROTHERS & BIG SISTERS OF THE BIG BEND, INC.



Principal Place of Business
2808 REMINGTON GREEN
#201
TALLAHASSEE, FL 32308

Mailing Address
2808 REMINGTON GREEN
#201
TALLAHASSEE, FL 32308

2. Principal Place of Business
565 EAST TENNESSEE ST.
Suite, Apt. #, etc.

3. Mailing Address
565 EAST TENNESSEE ST.
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32308 Country
USA

Zip
32308 Country
USA



04062006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

SANDRIDGE, LEAH D
2808 REMINGTON GREEN
#201
TALLAHASSEE, FL 32308

4. FEI Number
59-2130789

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
LEAH D. SANDRIDGE

Street Address (P.O. Box Number is Not Acceptable)
565 EAST TENNESSEE STREET

City
TALLAHASSEE FL Zip Code
32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Leah D. Sandridge, LEAH D. SANDRIDGE, EXECUTIVE DIRECTOR**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4-6-06**

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE Vice President	<input type="checkbox"/> Delete
NAME RYAN, MARK	
STREET ADDRESS 2808 REMINGTON GREEN	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE ED	<input type="checkbox"/> Delete
NAME SANDRIDGE, LEAH D	
STREET ADDRESS 2808 REMINGTON GREEN	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME ACOSTA, DON	
STREET ADDRESS 2808 REMINGTON GREEN	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE P	<input type="checkbox"/> Delete
NAME KOZELISKI, ANN	
STREET ADDRESS 2808 REMINGTON GREEN	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 565 EAST TENNESSEE STREET	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 565 EAST TENNESSEE STREET	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCOTT EVAUL	
STREET ADDRESS 565 EAST TENNESSEE STREET	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Leah D. Sandridge, LEAH D. SANDRIDGE, EXECUTIVE DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-6-06** Daytime Phone # **386-6002**