

**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 # **761713 (7)**  
1. Corporation Name  
**BIG BROTHERS AND BIG SISTERS OF MONROE COUNTY, I NC.**



Principal Place of Business Mailing Address  
**517 WHITEHEAD STREET P. O. B9X 505 KEY WEST FL 33041-9505 US**

3. Date Incorporated or Qualified **02/03/1982** 3a. Date of Last Report **01/20/1995**  
4. FEI Number **59-2189811** 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

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

9. Name and Address of Current Registered Agent  
**CARDENAS, SUSAN M.  
624 WHITEHEAD ST.  
KEY WEST FL 33040**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, BARRY F	1.2 NAME	
STREET ADDRESS	<del>3314 NORTHSIDE DR #100-</del>	1.3 STREET ADDRESS	<b>2919 STAPLES AVE.</b>
CITY-ST-ZIP	<del>KEY WEST, FL 00000</del>	1.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, LINDA	2.2 NAME	
STREET ADDRESS	3314 NORTHSIDE DR #11	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, ELIZABETH	3.2 NAME	
STREET ADDRESS	88 KEY HAVEN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, C MICHAEL	4.2 NAME	
STREET ADDRESS	88 KEY HAVEN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORREALE, BARBARA	5.2 NAME	
STREET ADDRESS	313 CATHERINE ST. #5	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, MARY A.	6.2 NAME	
STREET ADDRESS	<del>620 ELIZABETH ST.</del>	6.3 STREET ADDRESS	<b>19563 CANAL DRIVE</b>
CITY-ST-ZIP	<del>KEY WEST FL</del>	6.4 CITY-ST-ZIP	<b>SUMMERLAND KEY, FL 33042</b>

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: Barbara Morreale Date: 3/22/96 305-294-9891  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)