

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. BOX 505
KEY WEST FL 33041-9505
US

517 WHITEHEAD STREET
P. O. BOX 505
KEY WEST FL 33041-0505
US

3. Date Incorporated or Qualified

02/03/1982

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARDENAS, SUSAN M.
624 WHITEHEAD ST.
KEY WEST FL 33040

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

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 D
NAME GIBSON, BARRY F
STREET ADDRESS 3314 NORTHSIDE DR #100-
CITY-ST-ZIP KEY WEST, FL 00000

☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2919 STAPLES AVE.
1.4 CITY-ST-ZIP KEY WEST, FL 33040

TITLE TD
NAME MANDELL, LINDA
STREET ADDRESS 3314 NORTHSIDE DR #11
CITY-ST-ZIP KEY WEST FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME CURRIE, ELIZABETH
STREET ADDRESS 88 KEY HAVEN ROAD
CITY-ST-ZIP KEY WEST, FL 00000

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME CURRIE, C MICHAEL
STREET ADDRESS 88 KEY HAVEN RD
CITY-ST-ZIP KEY WEST FL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ED
NAME MORREALE, BARBARA
STREET ADDRESS 313 CATHERINE ST. #5
CITY-ST-ZIP KEY WEST FL

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S
NAME QUINN, MARY A.
STREET ADDRESS 620 ELIZABETH ST.
CITY-ST-ZIP KEY WEST FL

☐ DELETE

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME 19563 CANAL DRIVE
6.3 STREET ADDRESS Summerland Key, FL 33042
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/96 305-
294-9891

CR2E037 (12/95)