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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33041-0009
US



3. Date Incorporated or Qualified
02/03/1982

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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 City

84 State

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

Barbara Morreale, Executive Director

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GIBSON, BARRY F
STREET ADDRESS 2919 STAPLES AVE.
CITY-ST-ZIP KEY WEST, FL 00000

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

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

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

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

TITLE S ☐ DELETE
NAME QUINN, MARY A.
STREET ADDRESS 19563 CANAL DRIVE
CITY-ST-ZIP SUMMERLAND KEY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE JEFF ALLEN, C.P.A. ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3314 NORTHSIDE DRIVE #22A
2.4 CITY-ST-ZIP KEY WEST, FL. 33040

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Barbara Morreale, E.O.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

Date

305-294-9891

Daytime Phone # 0024651

CR2E037 (9/96)