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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. B9X 505 KEY WEST FL 33041-9505 US
517 WHITEHEAD STREET P. O. B9X 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 4. FEI Number 59-2189811 Applied For Not Applicable
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
24 25 29 30 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

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 BARBARA MORREALE
82 Street Address (P.O. Box Number is Not Acceptable) 313 CATHERINE ST. # 5
83 KEY WEST, FL. 33040
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 Barbara Morreale, Executive Director 1/14/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE D [] DELETE
NAME GIBSON, BARRY F
STREET ADDRESS 2919 STAPLES AVE.
CITY-ST-ZIP KEY WEST, FL 00000
TITLE TD [X] 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [X] Change [] Addition
2.2 NAME JEFF ALLEN, C.P.A.
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. 1/14/97 305-294-9891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024651

CR2E037 (9/96)