

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761713 (7)
 1. Corporation Name
BIG BROTHERS AND BIG SISTERS OF MONROE COUNTY, I NC.



Principal Place of Business 517 WHITEHEAD STREET P. O. 89X 505 KEY WEST FL 33041-9505 US	Mailing Address 517 WHITEHEAD STREET P. O. 89X 505 KEY WEST FL 33041-0505 US
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3. Date Incorporated or Qualified 02/03/1982	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2189811		

21. Principal Place of Business 1400 United St.	2a. Mailing Address P.O. Box 505
22. Suite, Apt. #, etc. Suite 402	27. Suite, Apt. #, etc.
23. City & State Key West, FL	28. City & State Key West, FL
24. Zip 33040	25. Country USA
29. Zip 33041	30. Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORREALE, BARBARA 313 CATHERINE ST., #5 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	
	85. Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE BOARD ATTORNEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIBSON, BARRY F		1.2 NAME EDWARD W. HORAN, ESQ.	
STREET ADDRESS 2019 STAPLES AVE.		1.3 STREET ADDRESS 608 WHITEHEAD ST.	
CITY-ST-ZIP KEY WEST, FL 00000		1.4 CITY-ST-ZIP KEY WEST, FL 33040	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEN, JEFF C.P.A.		2.2 NAME ANTHONY CATALANO	
STREET ADDRESS 3314 NORTHSIDE DRIVE, #22A		2.3 STREET ADDRESS 506 LOUISA STREET	
CITY-ST-ZIP KEY WEST FL		2.4 CITY-ST-ZIP KEY WEST, FL 33040	
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 checked="" type="checkbox"/> DELETE	4.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURRIE, C MICHAEL		4.2 NAME THERESA LUDWIG	
STREET ADDRESS 88 KEY HAVEN RD		4.3 STREET ADDRESS 1523 LAIRD STREET	
CITY-ST-ZIP KEY WEST FL		4.4 CITY-ST-ZIP KEY WEST, FL 33040	
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 checked="" type="checkbox"/> DELETE	6.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUINN, MARY A.		6.2 NAME LANCE JOSEPH	
STREET ADDRESS 10503 CANAL DRIVE		6.3 STREET ADDRESS 3101 RIVIERA DRIVE, APT. 9	
CITY-ST-ZIP SUMNERLAND KEY FL		6.4 CITY-ST-ZIP KEY WEST, FL 33040	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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 DATE: July 17, 1998 DAYTIME PHONE #: 305-294-9891

CR2E037 (5/98)