


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	
4. FEI Number 59-2189811	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1400 United St. Suite, Apt. #, etc. 22 Suite 402 City & State 23 Key West, FL Zip 24 33040 25 USA	2a. Mailing Address 26 P.O. Box 505 Suite, Apt. #, etc. 27 City & State 28 Key West, FL Zip 29 33041 30 USA
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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 FL 85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE GIBSON, BARRY F 2019 STAPLES AVE. KEY WEST, FL 00000	1.1 TITLE BOARD ATTORNEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEN, JEFF C.P.A.	<input checked="" type="checkbox"/> DELETE 3314 NORTHSIDE DRIVE, #22A KEY WEST FL	1.2 NAME EDWARD W. HORAN, ESQ.	
STREET ADDRESS PD	<input type="checkbox"/> DELETE CURRIE, ELIZABETH 88 KEY HAVEN ROAD KEY WEST, FL 00000	1.3 STREET ADDRESS 608 WHITEHEAD ST.	
CITY-ST-ZIP V	<input checked="" type="checkbox"/> DELETE CURRIE, C MICHAEL 88 KEY HAVEN RD KEY WEST FL	1.4 CITY-ST-ZIP KEY WEST, FL 33040	
TITLE ED	<input type="checkbox"/> DELETE MORREALE, BARBARA 313 CATHERINE ST. #5 KEY WEST FL	2.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME S	<input checked="" type="checkbox"/> DELETE QUINN, MARY A. 10503 CANAL DRIVE SUMMERLAND KEY FL	2.2 NAME ANTHONY CATALANO	
STREET ADDRESS		2.3 STREET ADDRESS 506 LOUISA STREET	
CITY-ST-ZIP		2.4 CITY-ST-ZIP KEY WEST, FL 33040	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME THERESA LUDWIG	
		4.3 STREET ADDRESS 1523 LAIRD STREET	
		4.4 CITY-ST-ZIP KEY WEST, FL 33040	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME LANCE JOSEPH	
		6.3 STREET ADDRESS 3101 RIVIERA DRIVE, APT. 9	
		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 149.07(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** **July 17, 1998** **305-294-9891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)