

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

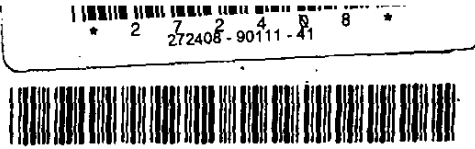
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761713**

1. Corporation Name  
**BIG BROTHERS AND BIG SISTERS OF MONROE COUNTY, I NC.**

Principal Place of Business 1400 UNITED ST STE 402 KEY WEST FL 33040 US	Mailing Address P. O. BOX 505 KEY WEST FL 33041 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/03/1982
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-2189811
23. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	28. Zip
29. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>MORREALE, BARBARA 313 CATHERINE ST., #5 KEY WEST FL 33040</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable) <b>1222 Florida St. BEAR</b>
	83. City
	84. City <b>KEY WEST</b> FL 85. Zip Code <b>33040</b>

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 **Barbara Morreale, E.O.** DATE **1/26/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BA <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORAN, ESQ. E (0)</b>	1.2 NAME	
STREET ADDRESS	<b>608 WHITEHEAD ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST, FL 00000 33040</b>	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATALFOMO, ANTHONY (0)</b>	2.2 NAME	
STREET ADDRESS	<b>506 LOUISA ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<b>PRESIDENT (0)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRIE, ELIZABETH</b>	3.2 NAME	<b>Cosbie Rice (0)</b>
STREET ADDRESS	<b>88 KEY HAVEN ROAD</b>	3.3 STREET ADDRESS	<b>1700 NORTH ROOSEVELT BLVD</b>
CITY-ST-ZIP	<b>KEY WEST, FL 00000</b>	3.4 CITY-ST-ZIP	<b>Key West, FL 33040</b>
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<b>VICE PRESIDENT (0)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUDWIG, THERESA</b>	4.2 NAME	<b>JAMES MALLOCK (0)</b>
STREET ADDRESS	<b>1523 LAIRD ST</b>	4.3 STREET ADDRESS	<b>3320 EAGLE AVENUE</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	4.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>
TITLE	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORREALE, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>313 CATHERINE ST. #5</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<b>BETH BARBES (0)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANCE, JOSEPH</b>	6.2 NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>3101 RIVIERA DR APT P</b>	6.3 STREET ADDRESS	<b>313 CATHERINE ST. #5</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	6.4 CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Barbara Morreale **BARBARA MORREALE** DATE **1/26/99** DAYTIME PHONE # **305-394-9891**

CR2E037 (11/98)