

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

03-02-1999 90126 038 \*\*\*\*70.00

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


2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/03/1982

4. FEI Number

59-2189811

Applied For

Not Applicable

5. Certificate of Status Desired

☒
 \$8.75 Additional  
 Fee Required

6. Election Campaign Financing

☐
 \$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

 MORREALE, BARBARA  
 349 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

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.D. 1/26/99

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	BA	<input type="checkbox"/> DELETE
NAME	HORAN, ESQ. E	
STREET ADDRESS	608 WHITEHEAD ST	
CITY-ST-ZIP	KEY WEST, FL 00000 33040	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CATALFOMO, ANTHONY	
STREET ADDRESS	506 LOUISA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CURRIE, ELIZABETH	
STREET ADDRESS	88 KEY HAVEN ROAD	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LUOWIG, THERESA	
STREET ADDRESS	1523 LAIRD ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MORREALE, BARBARA	
STREET ADDRESS	313 CATHERINE ST. #5	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANCE, JOSEPH	
STREET ADDRESS	3101 RIVIERA DR APT P	
CITY-ST-ZIP	KEY WEST FL 33040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT (D)
3.3 STREET ADDRESS	COOPER RICE (D)
3.4 CITY-ST-ZIP	1700 NORTH ROOSEVELT BLVD KEY WEST, FL 33040
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT (D)
4.3 STREET ADDRESS	JAMES MALLOCH (D)
4.4 CITY-ST-ZIP	3320 EAGLE AVENUE 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BETH BARNES (D)
6.3 STREET ADDRESS	SECRETARY
6.4 CITY-ST-ZIP	313 CATHERINE ST. #5 KEY WEST, FL 33040

14. I 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, with all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 (BARBARA MORREALE)

 1/26/99 305-394-9891  
 Date Daytime Phone #

CR2E037 (11/98)