

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761713

FILED
Jun 15, 2004
Secretary of State**Entity Name:** BIG BROTHERS AND BIG SISTERS OF MONROE COUNTY, INC.**Current Principal Place of Business:**1400 UNITED ST
STE 402
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 505
KEY WEST, FL 33041 US**New Mailing Address:****FEI Number:** 59-2189811**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TURNER, CARMEN
1400 UNITED ST 402
KEY WEST, FL 33040**Name and Address of New Registered Agent:**PIERCE-WATSON, CANDICE M
1400 UNITED ST, SUITE 111
KEY WEST, FL 33040

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CANDICE M. PIERCE-WATSON

06/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: HORAN, ESQ. E
Address: 608 WHITEHEAD ST
City-St-Zip: KEY WEST, FL 33040Title: DT () Delete
Name: CATALFOMO, ANTHONY
Address: 506 LOUISA ST
City-St-Zip: KEY WEST, FL 33040Title: P () Delete
Name: RICE, CONNIE
Address: 1700 N ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040Title: ED () Delete
Name: TURNER, CARMEN
Address: 800 EMMA ST # 424
City-St-Zip: KEY WEST, FL 33040Title: S () Delete
Name: HELMS, BONNIE
Address: 420 FLEMING STREET
City-St-Zip: KEY WEST, FL 33040Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: TAYLOR, TOMMY
Address: 199 GOLF CLUB DRIVE
City-St-Zip: KEY WEST, FL 33040Title: ED (X) Change () Addition
Name: PIERCE-WATSON, CANDICE M
Address: 1114 MARGARET ST
City-St-Zip: KEY WEST, FL 33040Title: S (X) Change () Addition
Name: ARTMAN, RAEANN
Address: 47 SPOONBILLWAY
City-St-Zip: KEY WEST, FL 33040Title: VP () Change (X) Addition
Name: HALPERN, MICHAEL
Address: 209 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY TAYLOR

P

06/15/2004

Electronic Signature of Signing Officer or Director

Date