

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761713

FILED
Mar 31, 2006
Secretary of State

Entity Name: BIG BROTHERS AND BIG SISTERS OF MONROE COUNTY, INC.

Current Principal Place of Business:

1400 UNITED ST
STE 111
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:

PIERCE-WATSON, CANDICE M
1400 UNITED ST, SUITE 111
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, PIPER
Address: 821 FRANCES ST.
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: CROCE SORG, KELLY
Address: 524-528 FRONT ST.
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: ARTMAN, RAEANNE
Address: 47 SPOONBILL WAY
City-St-Zip: KEY WEST, FL 33040

Title: ED () Delete
Name: PIERCE-WATSON, CANDICE M
Address: 1114 MARGARET ST
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: RZAD, STAN
Address: PO BOX 776
City-St-Zip: KEY WEST, FL 33041

Title: D () Delete
Name: HALPERN, MICHAEL
Address: 209 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BARROSO, JULIO
Address: 1001 JAMES ST.
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRADFORD, DEBBIE
Address: 1800 ATLANTIC AVE., #137
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 Chapter 119, 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: CANDICE PIERCE-WATSON

ED

03/31/2006

Electronic Signature of Signing Officer or Director

Date