

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768929 (2)

1. Corporation Name

BIG BROTHERS AND BIG SISTERS OF NASSAU COUNTY, I
NC.



Principal Place of Business

Mailing Address

11 NORTH 14TH STREET
BOX 7
FERNANDINA BEACH FL 32034

11 NORTH 14TH STREET
BOX 7
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified

06/14/1983

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1643191

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, RALPH N. JR. ("CHIP")
2617 MCGREGOR BLVD.
FERNANDINA BEACH 32034

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME CASONE, JOHN J.
STREET ADDRESS 101 CENTRE STREET
CITY-ST-ZIP FERNANDINA BCH FL ☒ DELETE

TITLE PD
NAME FIELDS, JERRY
STREET ADDRESS 1844 CHESTER RD
CITY-ST-ZIP YULEE FL ☒ DELETE

TITLE SD
NAME WOOD, MARGARET ANN
STREET ADDRESS 2617 MCGREGOR BLVD
CITY-ST-ZIP FERNANDINA BEACH FL ☐ DELETE

TITLE M
NAME WOOD, RALPH, JR.
STREET ADDRESS 2617 MCGREGOR BLVD.
CITY-ST-ZIP FERNANDINA FL ☐ DELETE

TITLE ~~TD~~
NAME BYRD, ROY
STREET ADDRESS 4728 YACHTSMAN DR
CITY-ST-ZIP FERNANDINA BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

11 TITLE VD
12 NAME LARRY BEGGS
13 STREET ADDRESS 875 FOUNTAIN DR
14 CITY-ST-ZIP FERNANDINA BEACH, FL 32634 ☐ Change ☒ Addition

21 TITLE TO
22 NAME PEGGY DAVIS
23 STREET ADDRESS 2411 LOS ROBLES DR
24 CITY-ST-ZIP FERNANDINA BEACH, FL 32034 ☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE PD
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96

904 261 9500

Daytime Phone

CR2E037 (12/95)