

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

3. Date Incorporated or Qualified **06/14/1983** 3a. Date of Last Report **04/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1643191	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 CASCOE, JOHN J. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASCOE, JOHN J.	1.2 NAME	LARRY BEGOS
STREET ADDRESS	101 CENTRE STREET	1.3 STREET ADDRESS	875 FOUNTAIN DR
CITY-ST-ZIP	FERNANDINA BCH FL	1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	PD FIELDS, JERRY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, JERRY	2.2 NAME	PEGGY DAVIS
STREET ADDRESS	1844 CHESTER RD	2.3 STREET ADDRESS	2411 LOS ROBLES DR
CITY-ST-ZIP	YULEE FL	2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	SD WOOD, MARGARET ANN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, MARGARET ANN	3.2 NAME	
STREET ADDRESS	2617 MCGREGOR BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	M WOOD, RALPH, JR. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, RALPH, JR.	4.2 NAME	
STREET ADDRESS	2617 MCGREGOR BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA FL	4.4 CITY-ST-ZIP	
TITLE	TD BYRD, ROY <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, ROY	5.2 NAME	
STREET ADDRESS	4728 YACHTSMAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Ralph N. Wood Jr. "Chip"* 5/19/96 904 261 9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)