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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32034-5120



2. Principal Place of Business

21 1014 ATLANTIC AV.

2a. Mailing Address

26 1014 ATLANTIC AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FERNANDINA

27

23 FERNANDINA BEACH, FL

28 FERNANDINA BEACH, FL

Zip

Country

Zip

Country

24 32034

25 NASSAU

29 32034

30 NASSAU

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/14/1983

3a. Date of Last Report

05/21/1996

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

10. Name and Address of New Registered Agent

WOOD, RALPH N. JR. ("CHIP")
2817 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

TITLE VD ☐ DELETE

NAME BEGGS, LARRY
STREET ADDRESS 875 FOUNTAIN DR.
CITY-ST-ZIP FERNANDINA BCH FL

TITLE TD ☐ DELETE

NAME DAVIS, PEGGY
STREET ADDRESS 2411 LOS ROBLES DR.
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE SD ☒ DELETE

NAME WOOD, MARGARET ANN
STREET ADDRESS 2817 MCGREGOR BLVD
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE M ☐ DELETE

NAME WOOD, RALPH, JR.
STREET ADDRESS 2817 MCGREGOR BLVD.
CITY-ST-ZIP FERNANDINA FL

TITLE PD ☐ DELETE

NAME BYRD, ROY
STREET ADDRESS 4728 YACHTSMAN DR
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)

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