

FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768929** (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**1014 ATLANTIC AVE
FERNANDINA BEACH FL 32034
US**

**1014 ATLANTIC AVE
FERNANDINA BEACH FL 32034
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/14/1983

4. FEI Number

59-1643191

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



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

Ralph Wood Jr. "Chip"
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	TD	<input type="checkbox"/> DELETE
NAME	BEGGS, LARRY	
STREET ADDRESS	875 FOUNTAIN DR.	
CITY-ST-ZIP	FERNANDINA BCH FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, PEGGY	
STREET ADDRESS	2411 LOS ROBLES DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHULL-GRANT, DAWN	
STREET ADDRESS	2754-A FIRST AVE	
CITY-ST-ZIP	FERNANDINA BEACH FL	

TITLE	M	<input type="checkbox"/> DELETE
NAME	WOOD, RALPH, JR.	
STREET ADDRESS	2617 MCGREGOR BLVD.	
CITY-ST-ZIP	FERNANDINA FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BYRD, ROY	
STREET ADDRESS	4728 YACHTSMAN DR	
CITY-ST-ZIP	FERNANDINA BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JERRY FIELDS	
2.3 STREET ADDRESS	2413 1ST AV. UNIT #4	
2.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARGARET ANN WOOD	
3.3 STREET ADDRESS	2617 MCGREGOR BLVD	
3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WINFIELD GUNTER	
5.3 STREET ADDRESS	1309 RIDGE CT	
5.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE: *Ralph Wood Jr. "Chip"* **RALPH WOOD, JR. "CHIP"** **APRIL 9, 98**

CR2E037 (10/97)