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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768929 *2700*

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

\* 2 2 28149 8 - 1 4 9 \*

Principal Place of Business: 1014 ATLANTIC AVE, FERNANDINA BEACH FL 32034, US

Mailing Address: 1014 ATLANTIC AVE, FERNANDINA BEACH FL 32034, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/14/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1643191
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
29	30	6. Election Campaign Financing
		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 85 Zip Code
	FL

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 N. Wood, Jr. "Chip"* DATE: *3/8/99*

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	VD
NAME	BEGGS, LARRY	1.2 NAME	
STREET ADDRESS	875 FOUNTAIN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	PD
NAME	FIELDS, JERRY	2.2 NAME	
STREET ADDRESS	2413 1ST AVE, UNIT 4	2.3 STREET ADDRESS	1729 GRESSENT RD
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	WOOD, MARGARET ANN	3.2 NAME	
STREET ADDRESS	2617 MCGREGOR BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	
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	PD	5.1 TITLE	
NAME	GUNTER, WINFIELD	5.2 NAME	
STREET ADDRESS	1309 RIDGE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	ROY BYRD	6.2 NAME	
STREET ADDRESS	4216 E. STATE RD. 260	6.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	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, with all other like empowered.

SIGNATURE: *Ralph N. Wood, Jr.* DATE: *3/8/99* DAYTIME PHONE #: *904 261 9500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)