

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

55 APR 14 AM 9:45

DOCUMENT # **N01573** (7)

1. Corporation Name  
**BIG BROTHERS, BIG SISTERS OF ST. LUCIE COUNTY, I NC.**

Principal Place of Business Mailing Address  
**4600 SOUTH FEDERAL HWY** **4600 SOUTH FEDERAL HWY**  
**STE 203** **STE 203**  
**FT. PIERCE FL 34982** **FT. PIERCE FL 34982**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1984** 3a. Date of Last Report **05/26/1994**

4. FEI Number **59-2455513** Applied For Not Applicable

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 29 30 5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

**MILLER, JUDI**  
**4600 SOUTH FEDERAL HIGHWAY**  
**FT PIERCE FL 34982**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  
NAME **BOWERS, MIKE**  
STREET ADDRESS **5104 FT. PIERCE BLVD.**  
CITY-ST-ZIP **FT PIERCE FL**

1.1 TITLE  Change  Addition  
1.2 NAME **D/P Gene Moran**  
1.3 STREET ADDRESS **157 NW Bentley Circle**  
1.4 CITY-ST-ZIP **Port St. Lucie, Fl.**

TITLE **VP**  
NAME **NAPPI, CHRIS**  
STREET ADDRESS **5511 GREEN DOLPHIN STREET**  
CITY-ST-ZIP **FT PIERCE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD**  
NAME **MORAN, GENE**  
STREET ADDRESS **157 N. W BENTLEY CIRCLE**  
CITY-ST-ZIP **PORT. ST. LUCIE FL**

3.1 TITLE  Change  Addition  
3.2 NAME **SD Jim Mory**  
3.3 STREET ADDRESS **1182 SW Mirror Lake Cove**  
3.4 CITY-ST-ZIP **Port St. Lucie, Fl.**

TITLE **TD**  
NAME **RD, MITZI**  
STREET ADDRESS **1408 ZEPHY AVE.**  
CITY-ST-ZIP **FT. PIERCE FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D**  
NAME **SCOTT, KENNETH**  
STREET ADDRESS **2150 SNEED ROAD**  
CITY-ST-ZIP **FT PIERCE FL**

5.1 TITLE  Change  Addition  
5.2 NAME **D-Past President Mike Bowers**  
5.3 STREET ADDRESS **5104 Fort Pierce Boulevard**  
5.4 CITY-ST-ZIP **Fort Pierce, Fl.**

TITLE **MD**  
NAME **MILLER, JUDI**  
STREET ADDRESS **3225 S LAKEVIEW CIR**  
CITY-ST-ZIP **FT PIERCE FL**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(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: Judi Miller **Judi Miller** 3-20-94 407-466-8535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone