

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 # **N01573** (7)
1. Corporation Name
BIG BROTHERS, BIG SISTERS OF ST. LUCIE COUNTY, I NC.



Principal Place of Business Mailing Address
4800 SOUTH FEDERAL HWY STE 203 FT. PIERCE FL 34982 US

3. Date Incorporated or Qualified **02/21/1984** 3a. Date of Last Report **04/14/1995**
4. FEI Number **59-2455513** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MILLER, JUDI
4800 SOUTH FEDERAL HIGHWAY
FT PIERCE FL 34982**

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 *Judi C. Miller (Judi C. Miller), Executive Director 2/10/96*
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 | DP | <input type="checkbox"/> DELETE |
| NAME | MORAN, GENE | |
| STREET ADDRESS | 157 NW BENTLY CIRCLE | |
| CITY-ST-ZIP | PORT ST. LUCIE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | NAPPI, CHRIS | |
| STREET ADDRESS | 5511 GREEN DOLPHIN STREET | |
| CITY-ST-ZIP | FT PIERCE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MORY, JIM | |
| STREET ADDRESS | 1182 SW MIRROR LAKE COVE | |
| CITY-ST-ZIP | PORT. ST. LUCIE FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | RD, MITZI | |
| STREET ADDRESS | 1406 ZEPHYR AVE. | |
| CITY-ST-ZIP | FT. PIERCE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BOWERS, MIKE | |
| STREET ADDRESS | 5104 FORT PIERCE BLVD. | |
| CITY-ST-ZIP | FT PIERCE FL | |
| TITLE | MD | <input type="checkbox"/> DELETE |
| NAME | MILLER, JUDI | |
| STREET ADDRESS | 3225 S LAKEVIEW CIR | |
| CITY-ST-ZIP | FT PIERCE FL | |

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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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 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: *Judi C. Miller (Judi C. Miller) 2/10/96* (407)-466-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)