


**FILE NOW: FILING FEE IS \$61.25**

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|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. McEacham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N01573 (7)**

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



|  |  |
|--|--|
| Principal Place of Business<br><b>4800 SOUTH FEDERAL HWY<br/>                 STE 203<br/>                 FT. PIERCE FL 34982<br/>                 US</b> | Mailing Address<br><b>4800 SOUTH FEDERAL HWY<br/>                 STE 203<br/>                 FT. PIERCE FL 34982<br/>                 US</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/21/1984</b>   |  |
| 4. FEI Number<br><b>59-2455513</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 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   | 85 Zip Code |
|         |   |    | <b>FL</b> |             |

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>MORAN, GENE</b>               |                                 |
| STREET ADDRESS | <b>157 NW BENTLY CIRCLE</b>      |                                 |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE FL</b>         |                                 |
| TITLE          | <b>P, D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>NAPPI, CHRIS</b>              |                                 |
| STREET ADDRESS | <b>8511 GREEN DOLPHIN STREET</b> |                                 |
| CITY-ST-ZIP    | <b>FT PIERCE FL</b>              |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>MORY, JIM</b>                 |                                 |
| STREET ADDRESS | <b>1182 SW MIRROR LAKE COVE</b>  |                                 |
| CITY-ST-ZIP    | <b>PORT. ST. LUCIE FL</b>        |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>RD, MITZI</b>                 |                                 |
| STREET ADDRESS | <b>1406 ZEPHYR AVE</b>           |                                 |
| CITY-ST-ZIP    | <b>FT. PIERCE FL</b>             |                                 |
| TITLE          | <b>VP D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>BOWERS, MIKE</b>              |                                 |
| STREET ADDRESS | <b>2203 S 33RD ST</b>            |                                 |
| CITY-ST-ZIP    | <b>FT PIERCE FL</b>              |                                 |
| TITLE          | <b>MD D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>MILLER, JUDI</b>              |                                 |
| STREET ADDRESS | <b>3225 S LAKEVIEW CIR</b>       |                                 |
| CITY-ST-ZIP    | <b>FT PIERCE FL</b>              |                                 |

**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          | <b>Vice-President, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Jim Mory</b>   |
| 3.3 STREET ADDRESS | <b>1182 S.W. Mirror Lake Cove</b>   |
| 3.4 CITY-ST-ZIP    | <b>Pt. St. Lucie, Fl.</b>   |
| 4.1 TITLE          | <b>Secretary, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| 4.2 NAME           | <b>Mitzi Canard</b>   |
| 4.3 STREET ADDRESS | <b>1406 Zephyr Ave</b>  |
| 4.4 CITY-ST-ZIP    | <b>Ft. Pierce Fl.</b>   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                          |
| 5.2 NAME           | <b>V.P. Gallmon, D</b>  |
| 5.3 STREET ADDRESS | <b>2200 Juanita Ave</b>   |
| 5.4 CITY-ST-ZIP    | <b>Ft. Pierce, Fl. 34951</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                          |
| 6.2 NAME           | <b>V.P. Thom Eskey, D,</b>  |
| 6.3 STREET ADDRESS | <b>2065 S.E. Wild Meadow Circle</b>   |
| 6.4 CITY-ST-ZIP    | <b>Pt. St. Lucie, Fl. 34952</b>   |

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.

CR2E037 (10/97)