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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N01573**

1. Corporation Name

BIG BROTHERS, BIG SISTERS OF ST. LUCIE COUNTY, INC.

Principal Place of Business

Mailing Address

4800 SOUTH FEDERAL HWY
 STE 203
 FT. PIERCE FL 34982
 US

4800 SOUTH FEDERAL HWY
 STE 203
 FT. PIERCE FL 34982
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 *4131 S. Federal Hwy*

26 *4131 S. Federal Hwy*

02/21/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 *FT Pierce FL*

27 *FT. PIERCE FL*

59-2455513

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 *34982 ST Lucie*

28 *34982 ST Lucie*

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, JUDI
 4800 SOUTH FEDERAL HIGHWAY
 FT PIERCE FL 34982

Bldg. #4
4131 S. Federal Hwy
Ft. Pierce, FL
34982

81 Name

MILLER Judi

82 Street Address (P.O. Box Number is Not Acceptable)

4131 S. FEDERAL HIGHWAY, Bldg. #4

83

FT. PIERCE FL.

84 City

FL

85 Zip Code
34982

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 Miller

3/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **MORAN, GENE**
 STREET ADDRESS **157 NW BENTLY CIRCLE**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

1.1 TITLE **VP** Change Addition
 1.2 NAME **Take Callmon**
 1.3 STREET ADDRESS **2200 Juanita Ave**
 1.4 CITY-ST-ZIP **Ft. Pierce, FL. 34946**

TITLE **PD** DELETE
 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 **VPD** DELETE
 NAME **MORY, JIM**
 STREET ADDRESS **1182 SW MIRROR LAKE COVE**
 CITY-ST-ZIP **PORT. ST. LUCIE FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **SD** DELETE
 NAME **RD, MITZI**
 STREET ADDRESS **1406 ZEPHYR 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 **VPD** DELETE
 NAME **BOWERS, MIKE**
 STREET ADDRESS **2203 S 33RD ST**
 CITY-ST-ZIP **FT PIERCE FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE **MD** DELETE
 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 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: *Judi Miller* SIGNATURE REQUIRED

3/8/99

(561) 466-8535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)