


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N01573
 1. Entity Name
BIG BROTHERS, BIG SISTERS OF ST. LUCIE COUNTY, INC.



Principal Place of Business 4131 S. US #1 BLDG 2, UNIT #4 FT. PIERCE, FL 34982 US	Mailing Address 4131 S. US #1 BLDG 2, UNIT #4 FT. PIERCE, FL 34982 US
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01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2455613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MILLER, JUDI
 4131 S. US #1
 BLDG 2, UNIT #4
 FT PIERCE, FL 34982**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COULON, SARAH 591 SW DUXBURY AVE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICKENING, KEITH 323 2ND STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICKERING, KEITH 320 2ND ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BOWERS, MIKE 5413 CASSIA DR. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MILLER, JUDI 3225 S LAKEVIEW CIRCLE, 22-206 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMNER, JUDY 6602 LAKELAND BLVD FORT PIERCE, FL 34951

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 01/21/05-80037-004 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, wife, all other like empowered.

SIGNATURE: *Judi Miller* **4/14/05** **(772) 528-4545**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #