

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N01573

Entity Name: BIG BROTHERS BIG SISTERS OF ST. LUCIE, INDIAN RIVER & OKEECHOBEE COUNTIES, INC.

Current Principal Place of Business:

125 N. SECOND STREET
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

125 N. SECOND STREET
FT. PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 59-2455513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, JUDI
125 N. SECOND STREET
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HIOTT, PAUL
Address: 1816 S. 33RD STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: P () Delete
Name: GOULD, BRAD
Address: 2011 SW PRUITT STREET
City-St-Zip: PORT ST, LUCIE, FL 34953

Title: CE () Delete
Name: KAVANAGH, GAIL
Address: 6560 S FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VC () Delete
Name: PARRISH, BILL
Address: 4001 S JENKINS ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: CEO () Delete
Name: MILLER, JUDI
Address: 3225 S LAKEVIEW CIRCLE, 22-206
City-St-Zip: FORT PIERCE, FL 34949

Title: T () Delete
Name: HAMNER, JUDY
Address: 6602 LAKELAND BLVD
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: GOULD, BRAD
Address: 2011 SW PRUITT STREET
City-St-Zip: PORT ST, LUCIE, FL 34953

Title: P (X) Change () Addition
Name: KAVANAGH, GAIL
Address: 6560 S FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VC (X) Change () Addition
Name: COKE, BETH
Address: 317 S. 2ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDI MILLER

Electronic Signature of Signing Officer or Director

CEO

01/16/2009

Date