

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01573

FILED  
Jan 04, 2012  
Secretary of State

**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: P  
Name: LIVINGSTON, DIANA  
Address: 125 N. 2ND STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: CE  
Name: WATKINS, OLIVIA  
Address: 125 N 2ND STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: VC  
Name: WALLACE, JOE  
Address: 125 N. 2ND STREET  
City-St-Zip: FORT PIERCE, FL 34950

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUDI MILLER

CEO

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date