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

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

N02168

(5)

1. Corporation Name					
BIG BROTHERS/BIG SISTERS FOUNDATION OF PALM BEAC H COUNTY, INC.					
Principal Place of Business Mailing Address				1211111	i radition fill aging stade bid id that that difft difft difft fabri fabr
2112 CONGRESS AVE SOUTH 2112 CONGRESS AVE SOU					3. Date Incorporated or Qualified
SUITE 200 SUITE 200 SUITE 200 W. PALM BEACH FL 3340			ne		03/21/1984
US US			Auc		4. FEI Number Applied For
					59-2403436 Not Applicable
2. Principal Place of Business 2a. Mailing A 26		2a. Mailing Address	Address		5. Certificate of Status Desired Section Section 5. Section 1. Sec
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u>.</u>		6. Election Campaign Financing \$5.00 May Be
22 27		27	• •		Trust Fund Contribution Added to Fees
City & State City & State					7. Is this nonprofit corporation a homeowners association?
23	28			☐ Yes ☐ No	
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔎 No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
				81 Name	
MARTINELLI, VICTOR				82 Street	Address (P.O. Box Number Is Not Acceptable)
2112 CONGRESS AVENUE SOUTH				0,,00,	radioso (i to sourtaines is not recopians)
SUITE 200				83	
WEST PALM BEACH FL 33406				84 City	los l Zia Coda
				84 City	FL 85 Zip Code
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 .	St	and and all a Manager at the state of the st	NF. Paulatana	d doors also about	e required when reinstaling) DATE
12.	Signature, typed or printed name of registered agent and title if applicable. (NO OFFICERS AND DIRECTORS		13.	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	T DELETE	1.1 11	TL F	Change Addition
NAME	PUCILLO, MICHAEL		1.2 N		
STREET ADDRESS				reet address	
	LICAT BALLS BRIGHT BY				
CITY-ST-ZIP TITLE	DP DELETE		2.1 TI	TY-ST-ZIP	Change Addition
NAME	MARTINELLI, VICTOR		2.1 11 2.2 N		
	4444 4444				
STREET ADDRESS	Les matte manages es			REET ADDRESS	
CITY-ST-ZIP	DV DELETE			ITY-ST-ZIP	Change Addition
TITLE			3.1 TO		Change [] Adminis
NAME	SPENCER, JERRY		3.2 NA		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TIFLE	☐ DELETÉ		4.1 TI		Change Addition
NAME			4.2 N	AME	j
STREET ADDRESS			4.3 ST	REET ADDRESS	
CATY-ST-ZIP				TY-ST-ZIP	
TITLE		☐ DELETE	5.1 TiT	LE	☐ Change ☐ Addition
					1

14. I hereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZW

TITLE

MALE

DELETE

**FILED** 

May 13 1998 8:00am

Secretary of State

☐ Change