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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90086 013 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N02168**

1. Corporation Name

**BIG BROTHERS/BIG SISTERS FOUNDATION OF PALM BEACH COUNTY, INC.**

Principal Place of Business  
 2112 CONGRESS AVE SOUTH  
 SUITE 200  
 W. PALM BEACH FL 33406  
 US

Mailing Address  
 2112 CONGRESS AVE SOUTH  
 SUITE 200  
 W. PALM BEACH FL 33406  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/21/1984**

21 Suite, Apt. #, etc.

26 **1866 STAMFORD CIR**

4. FEI Number  
**59-2403436**

Applied For  
 Not Applicable

23 City & State

28 **WELLINGTON FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 Zip Country

29 **33414** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINELLI, VICTOR**  
~~2112 CONGRESS AVENUE SOUTH~~ **1866 STAMFORD CIR**  
~~SUITE 200~~  
~~WEST PALM BEACH FL 33406~~ **Wellington, FL 33414**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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

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 | NAME                      | STREET ADDRESS                        | CITY-ST-ZIP               | 1.1 TITLE   | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|-------|---------------------------|---------------------------------------|---------------------------|---|----------|--------------------|-----------------|
|       | <b>D</b>                  | <input type="checkbox"/> DELETE       |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |                    |                 |
|       | <b>PUCILLO, MICHAEL</b>   | <b>222 LAKEVIEW AVENUE, SUITE 960</b> | <b>WEST PALM BEACH FL</b> |   |          |                    |                 |
|       | <b>DP</b>                 | <input type="checkbox"/> DELETE       |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |                    |                 |
|       | <b>MARTINELLI, VICTOR</b> | <b>1630 CLARE AVE.</b>                | <b>W. PALM BEACH FL</b>   |   |          |                    |                 |
|       | <b>DV</b>                 | <input type="checkbox"/> DELETE       |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |                    |                 |
|       | <b>SPENCER, JERRY</b>     | <b>2626 ELECTRONICS WAY</b>           | <b>W. PALM BEACH FL</b>   |   |          |                    |                 |
|       |                           | <input type="checkbox"/> DELETE       |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |                    |                 |
|       |                           |                                       |                           |   |          |                    |                 |
|       |                           | <input type="checkbox"/> DELETE       |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |                    |                 |
|       |                           |                                       |                           |   |          |                    |                 |
|       |                           | <input type="checkbox"/> DELETE       |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |                    |                 |
|       |                           |                                       |                           |   |          |                    |                 |
|       |                           | <input type="checkbox"/> DELETE       |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |                    |                 |
|       |                           |                                       |                           |   |          |                    |                 |

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 another like empowered.

SIGNATURE: **SICILIA MARTINELLI** **SIR VICTOR MARTINELLI PRES 3/9/99/561-655-3634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)