

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05259** (9)
1. Corporation Name
BIG BROTHERS/BIG SISTERS FOUNDATION OF SARASOTA COUNTY, INC.

Principal Place of Business Mailing Address
2033 MAIN ST., STE. 600 **2033 MAIN ST., STE. 600**
POSTAL DRAWER 4195 **POSTAL DRAWER 4195**
SARASOTA FL 34230 **SARASOTA FL 34230**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **09/20/1984** 3a. Date of Last Report **02/14/1994**
4. FEI Number **59-2479001** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FOREMAN, MICHAEL L.
2033 MAIN ST., STE. 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAMES, ABE
STREET ADDRESS	100 SANDS PT RD #201
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	DV
NAME	FOREMAN, MICHAEL L.
STREET ADDRESS	2033 MAIN ST., STE. 600
CITY-ST-ZIP	SARASOTA FL
TITLE	DST
NAME	BARBERIO, ALLAN J.
STREET ADDRESS	1671 PROSPECT ST
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	CHRISTY, AUDREY
STREET ADDRESS	100 VENICE AVENUE W
CITY-ST-ZIP	VENICE FL
TITLE	D
NAME	ELLIS, JERRY
STREET ADDRESS	3624 DUNCAN PLACE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	NEGUS, BARBARA
STREET ADDRESS	7254 OAK MOSS DR
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Delete
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan J. Barberio **ALLAN J. BARBERIO** **2/20/95** **365 4617**
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

BIG BROTHERS/BIG SISTERS OF SARASOTA COUNTY, INC.
ADDITIONAL DIRECTORS

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>
D	MONGE, GEOFF	P.O. Box 1590	Sarasota, FL
D	ROSSI, HUGH	586 S. Spoonbill Drive	Sarasota, FL
D	SCHMIDT, EDWARD	Harris Trust Company P.O. Box 49886	Sarasota, FL
D	MILLMAN, DEBORAH	P.O. Box 53	Venice, FL
D	FIGORE, EMILIO	6995 Country Lakes Cir.	Sarasota, FL