

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **09/20/1984**
3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business: **21 1605 MAIN STREET**
Suite, Apt. #, etc.: **22 SUITE #1010**
City & State: **23 SARASOTA, FL 34237**
Zip: **24** Country: **25**
2a. Mailing Address: **26 1605 MAIN STREET**
Suite, Apt. #, etc.: **27 SARASOTA, FL**
City & State: **28 SUITE #1010**
Zip: **29** Country: **30**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHAMES, ABE	
STREET ADDRESS	100 SANDS PT RD #201	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FOREMAN, MICHAEL L.	
STREET ADDRESS	2033 MAIN ST., STE. 600	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BARBERIO, ALLAN J.	
STREET ADDRESS	1671 PROSPECT ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTY, AUDREY	
STREET ADDRESS	100 VENICE AVENUE W	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, JERRY	
STREET ADDRESS	3624 DUNCAN PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONGE, GEOFF	
STREET ADDRESS	P.O. BOX 1590	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Foreman	
1.3 STREET ADDRESS	2033 Main St., Ste 600	
1.4 CITY-ST-ZIP	Sarasota, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID R. HESS	
3.3 STREET ADDRESS	1605 MAIN ST., #1010	
3.4 CITY-ST-ZIP	SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lillian Griffiths	
4.3 STREET ADDRESS	1743 North Dr	
4.4 CITY-ST-ZIP	Sarasota, FL 34239	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 119.07(3)(k), 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.

SIGNATURE: _____ Date: **5/2/96** Daytime Phone #: **941-366-4450**

CR2E037 (12/95)