## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05259

FILED Mar 16, 2004 Secretary of State

Entity Name: BIG BROTHERS/BIG SISTERS FOUNDATION OF THE SUNCOAST, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	ICE AVENUE						
#34 VENICE, FL	34235						
Current Mailing Address:				New Mailing Address:			
101 W VEN #34	ICE AVENUE						
VENICE, FL	34235						
FEI Number:	59-2479001	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of	of Status Desired ( )
Name and	Address of Cเ	urrent Registered Agent:	Name and Address of New Registered Agent:				
SUITE E VENICE, FL	VENICE AVEN 34292 US			TATE, JIM 101 W. VEN #34 VENICE, FL	_ 34285 US		
in the State		ubmits this statement for the pu	rpose of	t changing it	s registered	office or regi	stered agent, or both,
SIGNATUR	E: JIM TATE					03/1	6/2004
	Electronic	c Signature of Registered Agen	t			Da	te
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DPT ()[ HALL, WAYNE C 1314 E VENICE / VENICE, FL 342	AVE SUITE E		Title: Name: Address: City-St-Zip:	DPT TATE, JIM 101 W. VENI VENICE, FL		Addition
Title: Name: Address: City-St-Zip:	DVS () E KODA, JOHN 1001 AVENIDA D VENICE, FL 342			Title: Name: Address: City-St-Zip:	1	()Change ()/	Addition
Title: Name: Address: City-St-Zip:	D () [ CORBRIDGE, KE 1762 ISLAND W/ OSPREY, FL 34	AY		Title: Name: Address: City-St-Zip:	,	()Change()/	Addition
Title: Name: Address: City-St-Zip:	D () [ VOIGT, JUDI 1007 BECKLEY VENICE, FL 342	Delete		Title: Name: Address: City-St-Zip:	BODY, BRUC	Z ROAD W. #14	
Title: Name: Address: City-St-Zip:	D () E HESS, DAVID 1605 MAIN STRE SARASOTA, FL			Title: Name: Address: City-St-Zip:	,	()Change ()/	Addition
Title: Name: Address: City-St-Zip:	D () DOWD, JOHN 1521 S TAMIAMI VENICE, FL 342			Title: Name: Address: City-St-Zip:		()Change()/	Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JIM TATE DPT 03/16/2004