2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05259

FILED Jul 31, 2007 Secretary of State

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

Current Pr	incipal Place of Business:	New Principal Place of Business:
	IICE AVENUE	
#34 VENICE, FI	_ 34285	
Current Ma	ailing Address:	New Mailing Address:
101 W VEN	IICE AVENUE	
#34 VENICE, FI	_ 34285	
FEI Number: In accordanc		FEI Number Not Applicable () Certificate of Status Desired (X) not receive the prior notice. Name and Address of New Registered Agent:
	Address of Current Registered Agent.	Name and Address of New Registered Agent.
TATE, JIM 101 W. VEI	NICE AVE.	
#34 VENICE, FI	_ 34285 US	
The above in the State		purpose of changing its registered office or registered agent, or both,
SIGNATUR	E:	
	Electronic Signature of Registered Ag	gent Date
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DPT () Delete BYRON, LEE 653 SINCLAIR DR SARASOTA, FL 34240	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DVS () Delete BODY, BRUCE 8120 LAKEWOOD MAIN ST BRADENTON, FL 34202	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete CORBRIDGE, KELLY 240 NOKOMIS AVE. S., STE. 200 VENICE, FL 34285	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete BUTLER, CHRISTINE 1650 MAIN ST SUITE 800 SARASOTA, FL 34236	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete CLARKE, MARY 540 BAY ISLES RD LONGBOAT KEY, FL 34210	Title: D (X) Change () Addition Name: HICKS, SUSAN Address: 2560 ARAPAKO ST City-St-Zip: SARASOTA, FL 34231
Title: Name: Address: City-St-Zip:	D () Delete KALBFLEISCH, GEORGE 140 EAST VENICE AVENUE VENICE, FL 34285	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK FERSTER DIR 07/31/2007