2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05259

FILED Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90016 030 ****70.00

1. Entity Nam BIG BRO SUN COA	THERS BI	G SISTERS FOUN	IDATION OF THE								
Principal Place of Business 101 W VENICE AVENUE #34			Mailing Address 101 W VENICE AVENUE #34				60023871				
VENICE, FL	34285		VENICE, FL 34285						ico dien dien	IIIII OKAN ZION AI	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt, #, etc.			0325	2008	Chg-NP	CR2E	037 (12/06)	
City & State			City & State				Number 9-2479	001		 -	pplied For ot Applicable
Zip		Country	Zip	Cou	intry	5. Cer	rtificate o	f Status Desired		\$8.75 Ad Fee Require	
	6. Name a	ind Address of Current R	egistered Agent		Name 🐪	$\overline{}$		Address of New	Registere	d Agent	_
TATE, JIM	1				i _	<u>bris K</u> e					
101 W. VENICE AVE. #34			Street Add			ess (P.O. Box Number is Not Acceptable)					
VENICE, FL 34285					City /	Komis	 -		F	Zip Co	de
8. The above	e named entity.	submits this statement for	the purpose of changing	its registere	l ·		t, or both	, in the State of	-	_ 54	a 75 , and accept
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SIGNATURE .			Kon						4/2	108	····
	Signature, typed or	printed name of registered agent an	d trie é apolicanie. (N	OTF: Recistere	d Agent signature r		erena l				
					o vigetti biginizare i	required when rens.			DATE		
	Filing Fee Due by Ma	is \$61.25	9. Election C		inancing	\$5.00	May Be	FI		ck payable artment of S	
10.	Due by Ma	is \$61.25	9. Election C Trust Fund	ampaign F i Contributi	inancing ion.	\$5.00 Added to	May Be to Fees	FI NGES TO OFFIC	orida Dep	DIRECTORS II	N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an aodress, with all other like empowered.

941-480-1126 Daytime Phone # 12 m SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR