


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 030 ****70.00

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DOCUMENT # N05259					
1. Entity Name BIG BROTHERS BIG SISTERS FOUNDATION OF THE SUN COAST, INC.					
Principal Place of Business 101 W VENICE AVENUE #34 VENICE, FL 34285		Mailing Address 101 W VENICE AVENUE #34 VENICE, FL 34285		03252008 Chg-NP CR2E037 (12/06)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2479001	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TATE, JIM 101 W. VENICE AVE. #34 VENICE, FL 34285			Name <u>Doris Ross</u> Street Address (P.O. Box Number is Not Acceptable) <u>2074 Tocobaga Lane</u> City <u>Nokomis</u> FL Zip Code <u>34275</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Doris Ross</i></u>		(NOTE: Registered Agent signature required when re-registering)		DATE <u>4/2/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRON, LEE		NAME	Byron Lee	
STREET ADDRESS	653 SINCLAIR DR		STREET ADDRESS	653 Sinclair Dr	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODY, BRUCE		NAME	Body, Bruce	
STREET ADDRESS	8120 LAKEWOOD MAIN ST		STREET ADDRESS	8120 Lakewood Main St	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORBRIDGE, KELLY		NAME	Ross, Doris	
STREET ADDRESS	240 NOKOMIS AVE. S., STE. 200		STREET ADDRESS	2074 Tocobaga Lane	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, CHRISTINE		NAME	Longworth, Michael	
STREET ADDRESS	1650 MAIN ST SUITE 800		STREET ADDRESS	880 Carillon Parkway	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, SUSAN		NAME	Hicks, Susan	
STREET ADDRESS	2560 ARAPAKO ST		STREET ADDRESS	2560 Arapako St	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALBFLEISCH, GEORGE		NAME	Tudor, Shelby	
STREET ADDRESS	140 EAST VENICE AVENUE		STREET ADDRESS	337 South Pineapple Ave	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Sarasota, FL 34236	
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 address, with all other like empowered.					
SIGNATURE: <u><i>Doris Ross</i></u>		Date <u>4/2/08</u>		Daytime Phone # <u>941-480-1126</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	