

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05259

FILED
Mar 20, 2009
Secretary of State

Entity Name: BIG BROTHERS BIG SISTERS FOUNDATION OF THE SUN COAST, INC.

Current Principal Place of Business:

101 W VENICE AVENUE
#34
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

101 W VENICE AVENUE
#34
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-2479001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORIS, ROSS
2074 TACOBAGA LANE
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BYRON, LEE
Address: 653 SINCLAIR DR.
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: BRUCE, BABY
Address: 8120 LAKEWOOD MAIN ST.
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: CORBRIDGE, KELLY
Address: 240 NOKOMIS AVE. S., STE. 200
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: BUTLER, CHRISTINE
Address: 1650 MAIN ST SUITE 800
City-St-Zip: SARASOTA, FL 34236

Title: SD () Delete
Name: HICKS, SUSAN
Address: 2560 APAPKO ST.
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: KALBFLEISCH, GEORGE
Address: 140 EAST VENICE AVENUE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BODY, BRUCE
Address: 8120 LAKEWOOD MAIN ST.
City-St-Zip: BRADENTON, FL 34202

Title: D (X) Change () Addition
Name: ROSS, DORIS
Address: 2074 TOCOBAGA LANE
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOY F. MAHLER

CEO

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date