

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14391** (9)
1. Corporation Name
BIG BROTHERS AND BIG SISTERS OF MARTIN COUNTY, I NC.

Principal Place of Business Mailing Address
C/O JANE L. CORNETT
401 E. OSCEOLA STREET, SUITE 102
STUART FL 34994-2501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/09/1986** 3a. Date of Last Report **04/06/1994**
4. FEI Number **59-2676889** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CORNETT, JANE L.
401 E. OSCEOLA STREET
SUITE 102
STUART FL 33494

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
~~FO~~ **GUINTA, DAVID**
3547 SW CORPORATE PKWY
PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP
VD **SÄELZER, GERALD**
1865 S KANNER HWY
STUART FL
~~SO~~ **DALL, JANE**
3547 SW CORPORATE PKWY
PALM CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP
VD **PRINZ, BETH T**
1100 S FEDERAL HWY
STUART FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP
MD **DECKER, ELAINE**
1895 SW MONTEREY RD
STUART FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP
TD **THEBAUD, SHARON**
33 FLAGLER AVE
STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PD** Change Addition
1.2 NAME **GARY S. BLUM**
1.3 STREET ADDRESS **815 Colorado Avenue**
1.4 CITY - ST - ZIP **Stuart, Florida 34994**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE **SD** Change Addition
3.2 NAME **LEIGH A. WILLIAMS, ESQ.**
3.3 STREET ADDRESS **555 COLORADO AVENUE**
3.4 CITY - ST - ZIP **STUART, FL 34994**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine Decker* **Elaine Decker** **Executive Director** **4/4/95** **407-283-8373**
Signature and Typed or Printed Name of Signing Officer or Director Date