

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N14391 (9)**

1. Corporation Name
BIG BROTHERS AND BIG SISTERS OF MARTIN COUNTY, I NC.



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

3. Date Incorporated or Qualified: **04/09/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **197 SW Monterey Rd**
22 Suite, Apt. #, etc. **-**
23 City & State **Stuart FL**
24 Zip **34994** 25 Country **USA**

2a. Mailing Address
26 **Same**
27 Suite, Apt. #, etc. **-**
28 City & State **-**
29 Zip **-** 30 Country **-**

4. FEI Number: **59-2676889**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, GARY S	1.2 NAME	
STREET ADDRESS	815 COLORADO AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAELZER, GERALD	2.2 NAME	
STREET ADDRESS	1865 S KANNER HWY	2.3 STREET ADDRESS	10 Central Parkway
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LEIGH A	3.2 NAME	
STREET ADDRESS	555 COLORADO AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINZ, BETH T	4.2 NAME	
STREET ADDRESS	1100 S FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, ELAINE	5.2 NAME	
STREET ADDRESS	1895 SW MONTEREY RD	5.3 STREET ADDRESS	197 SW Monterey Rd.
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart FL
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIEBAUD, SHARON	6.2 NAME	
STREET ADDRESS	33 FLAGLER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	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 119.07(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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)