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FILED  
Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
197 SW MONTEREY ROAD C/O JANE L. CORNETT  
STUART FL 3494 401 E. OSCEOLA STREET, SUITE 102  
US STUART FL 34994-2503

3. Date Incorporated or Qualified 04/09/1986 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2676889 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
23 Zip 24 34994 25 Country 28 Zip 29 Country 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
CORNETT, JANE L. 81 Name  
401 E. OSCEOLA STREET 82 Street Address (P.O. Box Number is Not Acceptable)  
SUITE 102 83  
STUART FL 33494 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BLUM, GARY S</del>	1.2 NAME	Dean, Troy D.
STREET ADDRESS	<del>915 COLORADO AVENUE-</del>	1.3 STREET ADDRESS	5413 SE 48th Ave.
CITY-ST-ZIP	<del>STUART FL</del>	1.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAELZER, GERALD	2.2 NAME	
STREET ADDRESS	10 CENTRAL PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	<del>DD</del> <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" 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	<del>VD</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRINZ, BETH T	4.2 NAME	Jennifer Brancaccio
STREET ADDRESS	1100 G FEDERAL HWY	4.3 STREET ADDRESS	815 Colorada Ave.
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, FL 34995
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, ELAINE	5.2 NAME	
STREET ADDRESS	197 SW MONTEREY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEBAUD, 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)