


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14391 (9)**

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

Principal Place of Business <b>197 SW MONTEREY ROAD                  STUART FL 34994                  US</b>	Mailing Address <b>C/O JANE L. CORNETT                  401 E. OSCEOLA STREET, SUITE 102                  STUART FL 34994-2501</b>
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3. Date Incorporated or Qualified <b>04/09/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2676889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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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	<b>FL</b>
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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEAN, TROY D.	
STREET ADDRESS	5413 SE 48TH AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAELZER, GERALD	
STREET ADDRESS	10 CENTRAL PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>WILLIAMS, LEIGH A</del>	
STREET ADDRESS	<del>555 COLORADO AVENUE</del>	
CITY-ST-ZIP	<del>STUART FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRANCACCIO, JENNIFER	
STREET ADDRESS	815 COLORADA AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	DECKER, ELAINE	
STREET ADDRESS	197 SW MONTEREY ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THIEBAUD, SHARON	
STREET ADDRESS	33 FLAGLER AVE	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD Brodie, Lawrence
3.3 STREET ADDRESS	819 S. Federal Hwy.
3.4 CITY-ST-ZIP	Stuart, FL 34994
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *[Signature]* Executive Dir 4/17/98 561 283 8322

CR2E037 (10/97)