

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14391

FILED
Mar 30, 2005
Secretary of State

Entity Name: BIG BROTHERS AND BIG SISTERS OF MARTIN COUNTY, INC.

Current Principal Place of Business:

5033 S.E FEDERAL HWY
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

5033 S.E FEDERAL HWY
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2676889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORNETT, JANE L.
401 E. OSCEOLA STREET
SUITE 102
STUART, FL 33494 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: PD () Delete
Name: LACEY, THEA
Address: MARTIN COUNTY SCHOOL DISTRICT PO BOX 947
City-St-Zip: PORT SALERNO, FL 34992

Title: MD () Delete
Name: BEE, WILLIAM
Address: 5033 SW FEDERAL HWY
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: ANN VEGA, RUTH
Address: 10770 SE FEDERAL HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: GUERTIN, GARY
Address: 5033 S.E FEDERAL HWY
City-St-Zip: STUART, FL 34997 US

Title: V () Delete
Name: PITTINOS, DAVID
Address: 2100 SE OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: V (X) Change () Addition
Name: PITTINOS, DAVID
Address: 1939 NE JENSEN BEACH BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: V () Change (X) Addition
Name: CUNNINGHAM, MONICA
Address: 2400 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM P. BEE JR.

MD

03/30/2005

Electronic Signature of Signing Officer or Director

Date