

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14391

FILED
Jan 22, 2009
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: 2NVC () Delete
Name: DEGEN, NICOLE
Address: 7835 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997 US

Title: PCEO () Delete
Name: BEE JR., WILLIAM P
Address: 5033 SW FEDERAL HWY
City-St-Zip: STUART, FL 34997 US

Title: C () Delete
Name: YUDIN, JOHN
Address: 55 EAST OCEAN BLVD
City-St-Zip: STUART, FL 34994 US

Title: C () Delete
Name: NOBEL, MEL
Address: 2624 SW MAPP RD. SUITE 301
City-St-Zip: PALM CITY, FL 34990 US

Title: 1SVC () Delete
Name: PETTINOS, DAVID
Address: 301 E OCEAN BLVD
City-St-Zip: STUART, FL 34994 US

Title: T () Delete
Name: NELSON, CHRISTOPHER
Address: 21900 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

PCEO

01/22/2009

Electronic Signature of Signing Officer or Director

Date