

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N14391

FILED
Apr 15, 2003
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: LINDSAY, JOHN
Address: P.O. BOX 176
City-St-Zip: INDIANTOWN, FL 34956

Title: V () Delete
Name: LACEY, THEA
Address: MARTIN SCHOOL DISTRICT P.O. BOX 947
City-St-Zip: PT. SALERNO, FL 34992

Title: MD () Delete
Name: DECKER, ELAINE
Address: 197 SW MONTEREY ROAD
City-St-Zip: STUART, FL

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

Title: SD () Delete
Name: BANTA, DEBRA
Address: 500 E OCEAN BLVD
City-St-Zip: STUART, FL 34994

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHANKMAN, IRVING
Address: 2676 SW PROSPECT PLACE
City-St-Zip: PALM CITY, FL 34990

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: SD (X) Change () Addition
Name: GIFFORD, SUSAN
Address: 789 S FEDERAL HWY
City-St-Zip: STUART, FL 34994

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

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: ELAINE DECKER

MD

04/15/2003

Electronic Signature of Signing Officer or Director

_____ Date