

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35389** (8)

1. Corporation Name

BIG BROTHERS/BIG SISTERS OF NORTHWEST FLORIDA, I NC.



Principal Place of Business

Mailing Address

1301 W. GOVERNMENT ST.
PENSACOLA FL 32501
US

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PENSACOLA FL 32501
US

3. Date Incorporated or Qualified **11/21/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number **59-2996893** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTON, GARRETT W.
31 W GARDEN STREET
PENSACOLA FL 32501**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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	DP	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, MARCI	
STREET ADDRESS	1800 ST MARY'S STREET BOX 5	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, RON C	
STREET ADDRESS	NAGAL LEAGAL SERVICES	
CITY-ST-ZIP	NAS PENSACOLA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SPEED, JIM	
STREET ADDRESS	900 N 12TH AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, BILL	
STREET ADDRESS	100 WEST GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, CARMELA	
STREET ADDRESS	1301 W. GOVERNMENT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BILL YOUNG	
1.3 STREET ADDRESS	100 WEST GARDEN STREET	
1.4 CITY-ST-ZIP	PENSACOLA FL 32501	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MERI ASMAR	
2.3 STREET ADDRESS	1280 MAHOGANY MILLS CT NUMBER 8	
2.4 CITY-ST-ZIP	PENSACOLA FL 32507	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEAN NORMAN	
4.3 STREET ADDRESS	3950 DUNWOODY DR	
4.4 CITY-ST-ZIP	PENSACOLA FL 32503	
5.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GERI KRAMER	
5.3 STREET ADDRESS	1301 WEST GOVERNMENT STREET	
5.4 CITY-ST-ZIP	PENSACOLA FL 32501	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96 444-0429
DATE DAY:MO:PHONE #

CR2E037 (12/95)