# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 23 PM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36108** **(1)**

1. Corporation Name
**FLORIDA RIDGE BIG BROTHERS/BIG SISTERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % CLIFFORD R. RHOADES<br>107 N. RIDGEWOOD DR., SUITE 11<br>SEBRING FL 33870 | % CLIFFORD R. RHOADES<br>107 N. RIDGEWOOD DR., SUITE 11<br>SEBRING FL 33870 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0330147 ☐ Applied For ☐ Not Applicable

| | | |
|---|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) | 5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) | 6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees |
| City & State (23) | City & State (28) | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required |
| Zip (24) / Country (25) | Zip (29) / Country (30) | 8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| RHOADES, CLIFFORD R.<br>107 N. RIDGEWOOD DR.<br>SUITE 11<br>SEBRING FL 33870 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BAYLESS, ELGIN, JR. | 12 NAME | |
| STREET ADDRESS | 818 SUMMIT DR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BIANCE, MICHAEL C. | 22 NAME | |
| STREET ADDRESS | 2122 OAK BEACH BLVD. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | COUCH, S.C. | 32 NAME | |
| STREET ADDRESS | 2815 UNITAS RD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | DAVIS, RUTH K. | 42 NAME | |
| STREET ADDRESS | 23332 STATE ROAD 17N | 43 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | TOOR, ALFREDA | 52 NAME | |
| STREET ADDRESS | 4503 KING DR | 53 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | RICHARD, YVON | 62 NAME | |
| STREET ADDRESS | 2707 S. MEMORIAL DR | 63 STREET ADDRESS | |
| CITY-ST-ZIP | AVON PARK FL | 64 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)(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:** Yvon Richard Yvon Richard, Exec. Dir. 4-24-95 813-385-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005275