

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 # N36108 (1)  
1. Corporation Name

FLORIDA RIDGE BIG BROTHERS/BIG SISTERS, INC.



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

3. Date Incorporated or Qualified 01/16/1990 3a. Date of Last Report 04/28/1995  
4. FEI Number 65-0330147 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R.  
107 N. RIDGEWOOD DR.  
SUITE 11  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 CLIFFORD R. RHOADES, P.A.  
227 NORTH RIDGEWOOD DR.  
SEBRING, FL 33870  
84 City 85 Zip Code FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BAYLESS, ELGIN, JR.  
STREET ADDRESS 818 SUMMIT DR  
CITY-ST-ZIP SEBRING FL  
TITLE D ☐ DELETE  
NAME BIANCE, MICHAEL C.  
STREET ADDRESS 2122 OAK BEACH BLVD.  
CITY-ST-ZIP SEBRING FL  
TITLE D ☐ DELETE  
NAME COUCH, S.C.  
STREET ADDRESS 2815 UNITAS RD  
CITY-ST-ZIP AVON PARK FL  
TITLE D ☐ DELETE  
NAME DAVIS, RUTH K.  
STREET ADDRESS 23332 STATE ROAD 17N  
CITY-ST-ZIP SEBRING FL  
TITLE D ☐ DELETE  
NAME TOOR, ALFREDA  
STREET ADDRESS 4503 KING DR  
CITY-ST-ZIP SEBRING FL  
TITLE D ☐ DELETE  
NAME RICHARD, YVON  
STREET ADDRESS 2707 S. MEMORIAL DR  
CITY-ST-ZIP AVON PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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

Yvon Richard, Exec. Dir.

4-24-96

(941) 385-2615

Date

Daytime Phone #

CR2E037 (12/95)