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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 107 N. RIDGEWOOD DR., SUITE 11 SEBRING FL 33870
% CLIFFORD R. RHOADES 107 N. RIDGEWOOD DR., SUITE 11 SEBRING FL 33870-7202

3. Date Incorporated or Qualified 01/16/1990
3a. Date of Last Report 04/26/1996

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 Country
24 Zip 25 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent
RHOADES, CLIFFORD R.
227 NORTH RIDGEWOOD DRIVE
DEBRING FL 33870

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BAYLESS, ELGIN, JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	818 SUMMIT DR	1.2 NAME	
STREET ADDRESS	SEBRING FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BIANCE, MICHAEL C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2122 OAK BEACH BLVD.	2.2 NAME	
STREET ADDRESS	SEBRING FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D COUCH, S.C.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2815 UNITAS RD	3.2 NAME	
STREET ADDRESS	AVON PARK FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DAVIS, RUTH K.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23332 STATE ROAD 17N	4.2 NAME	
STREET ADDRESS	SEBRING FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TOOR, ALFREDA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4503 KING DR	5.2 NAME	
STREET ADDRESS	SEBRING FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D RICHARD, YVON	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2707 S. MEMORIAL DR	6.2 NAME	
STREET ADDRESS	AVON PARK FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 _____ DATE _____

CR2E037 (9/96)