

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90072 007 \*\*\*\*61.25

**DOCUMENT # N36108**

1. Corporation Name

**FLORIDA RIDGE BIG BROTHERS/BIG SISTERS, INC.**

Principal Place of Business  
231 S. RIDGEWOOD DR.  
SEBRING FL 33870

Mailing Address  
P.O. BOX 52  
SEBRING FL 33871



2. Principal Place of Business 21 1000 S. Highlands Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/16/1990	
22 City & State		27 City & State		4. FEI Number 65-0330147 Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENGYEL, MAUREEN	1.2 NAME	Lee Yates
STREET ADDRESS	4321 DUFFER LOOP	1.3 STREET ADDRESS	PO Box 2862
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, LEE	2.2 NAME	Kelly Ashworth
STREET ADDRESS	P.O. BOX 2862 N/A	2.3 STREET ADDRESS	318 Eagle Ave.
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNADY, TANYA	3.2 NAME	Reg Frood
STREET ADDRESS	313 THRUSH AVE	3.3 STREET ADDRESS	2516 N. Orangewood St.
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTECH, INGRID	4.2 NAME	Shelia Canning
STREET ADDRESS	3224 MAYFAIR AVE	4.3 STREET ADDRESS	1714 Rainbow Ave.
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGLEY, JOHN	5.2 NAME	Tammy Fisher
STREET ADDRESS	2516 N. ORANGEWOOD ST	5.3 STREET ADDRESS	100 Lake Byrd Blvd.
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP	Avon Park, FL 33825
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROWS, CHRISTIE	6.2 NAME	Suzie Gentry
STREET ADDRESS	3738 NE LAKE SEBRING DR	6.3 STREET ADDRESS	3808 Monza Dr.
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP	Sebring, FL 33872

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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, with all other like empowered.

SIGNATURE:

Shelia Canning REQUIRED Shelia P. Canning

Date

Daytime Phone #

CR2E037 (11/98)