


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90091 007 \*\*\*\*70.00

<b>DOCUMENT # N36108</b>					
1. Entity Name FLORIDA RIDGE BIG BROTHERS/BIG SISTERS, INC.					
Principal Place of Business 1000 S HIGHLANDS AVE SEBRING, FL 33870			Mailing Address P.O. BOX 52 SEBRING, FL 33871		
2. Principal Place of Business <i>279 US 27 North</i> Suite, Apt. #, etc.			3. Mailing Address <i>279 US 27 North</i> Suite, Apt. #, etc.		
City & State <i>Sebring, FL</i>			City & State <i>Sebring, FL</i>		
Zip <i>33870</i>		Country <i>USA</i>		4. FEI Number 65-0330147	
Zip <i>33870</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  RHOADES, CLIFFORD R. 227 NORTH RIDGEWOOD DRIVE DEBRING, FL 33870				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <i>Sebring</i> FL Zip Code <i>33870</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIDSON, ED 1000 W MAIN STREET AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Wynn, Norma</i> <i>3919 Tangier St.</i> <i>Sebring, FL 33872</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLAND, WAYNE 44119 SHAD DR SEBRING, FL 33870 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Stupinski, Jeanette</i> <i>4022 Westminster Rd.</i> <i>Sebring, FL 33875</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIOTT, NADINE P.O. BOX 174 SEBRING, FL 33871 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Jason Heacock</i> <i>211 S. Ridgewood Dr.</i> <i>Sebring, FL 33870</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, REV. CHARLIE 1800 TACONIC RD. AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, TOM 3209 NE LAKE SEBRING DRIVE SEBRING, FL 33870 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Reatha Thomas</i>				3/23/05 863-402-9001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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