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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94 00 0000105
1. Corporation Name
BIG TEAM FOR LITTLE PEOPLE, INC.

Principal Place of Business
1203 S.W. 12th St. Ste. 1
Ocala, Florida 34474

Mailing Address

Amendment

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 1993	3a. Date of Last Report 1998
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3230695	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Lorelei Kendziora
82 Street Address (P.O. Box Number is Not Acceptable) c/o 550 N.E. 25th Avenue
83 City Ocala, Florida
84 City Ocala, Florida
85 Zip Code FL 34474

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 *Lorelei Kendziora*

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JULIE A. FUSHEE 1203 S.W. 12th St. Ste 1 OCALA, FL. 34474	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Jim Mikula 1203 S.W. 12th St. Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Joe Melocchi 1203 S.W. 12th St. Ste. 1, Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER Lorelei Kendziora 550 N.E. 25th Avenue, Ocala, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Mrs. Joyce Urban 2875 S.W. 8th Street Ocala, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	600002209646 -06/12/97-01002-013 ***69.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: *Julie A. Fushee* *Julie A. Fushee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-97 (352) 622-9719

CR2037 (9/96)