

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000105 (6)**

1. Corporation Name

**BIG TEAM FOR LITTLE PEOPLE, INC.**



Principal Place of Business <b>1203 S.W. 12TH AVE. SUITE A OCALA FL 34474 US</b>		Mailing Address <b>1203 SW 12TH AVE. SUITE A OCALA FL 34474-3107 US</b>		3. Date Incorporated or Qualified <b>12/30/1993</b>	
2. Principal Place of Business <b>21 1025A S.W. 1st Avenue</b>		2a. Mailing Address <b>26 550 N.E. 25th Avenue</b>		4. FEI Number <b>59-3230695</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State <b>23 Ocala, FL</b>		City & State <b>28 Ocala</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 34471</b>		Zip <b>29 34470</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country <b>25 USA</b>		Country <b>30 USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KENDZIORA, LORELEI 550 N.E. 25TH AVENUE OCALA FL 34474</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				<b>FL</b>	

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>FOUSHEE, JULIE</b>		1.2 NAME	
STREET ADDRESS <b>1203 SW 12 STREET STE A</b>		1.3 STREET ADDRESS <b>1025A S.W. 1st Avenue</b>	
CITY-ST-ZIP <b>OCALA FL</b>		1.4 CITY-ST-ZIP <b>Ocala, FL 34471</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MIKULA, JIM DR</b>		2.2 NAME	
STREET ADDRESS <b>1203 S.W. 12TH AVE.</b>		2.3 STREET ADDRESS <b>1025A S.W. 1st Avenue</b>	
CITY-ST-ZIP <b>OCALA FL 34474</b>		2.4 CITY-ST-ZIP <b>Ocala FL 34471</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MELOCCHI, JOE</b>		3.2 NAME	
STREET ADDRESS <b>1203 S.W. 12TH AVE.</b>		3.3 STREET ADDRESS <b>1025A S.W. 1st Avenue</b>	
CITY-ST-ZIP <b>OCALA FL 34474</b>		3.4 CITY-ST-ZIP <b>Ocala, FL 34471</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KENZIORA, LORELEI</b>		4.2 NAME	
STREET ADDRESS <b>550 N.E. 25TH AVENUE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>URBAN, JOYCE</b>		5.2 NAME	
STREET ADDRESS <b>2875 SW 87TH STREET</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Lorelei Kendziora* **RECEIVED** *V. Kendziora* *1/22/98* *352-732-5601*

CR2E037 (10/97)