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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000000105

1. Corporation Name

BIG TEAM FOR LITTLE PEOPLE, INC.

386711 - 90096 - 36

Principal Place of Business

1203 S.W. 12TH AVE.
SUITE A
OCALA FL 34474
US

Mailing Address

550 NE 25TH AVE
OCALA FL 34470
US



2. Principal Place of Business

21 1025 A S.W. 1st Avenue

Suite, Apt. #, etc.

22 City & State
OCALA FLORIDA

23 Zip Country
34474 USA

2a. Mailing Address

26 1025 A S.W. 1st Avenue

Suite, Apt. #, etc.

27 OCALA FLORIDA

28 City & State
29 Zip Country
34474 USA

3. Date Incorporated or Qualified

12/30/1993

4. FEI Number

59-3230695

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

9. Name and Address of Current Registered Agent

KENDZIORA, LORELEI
550 N.E. 25TH AVENUE
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

JULIE FOUSHEE

82 Street Address (P.O. Box Number is Not Acceptable)

1025 A S.W. 1st Avenue

83

84 City
OCALA

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FOUSHEE, JULIE
STREET ADDRESS 1025A SW 1ST AVE
CITY-ST-ZIP OCALA FL-33471

TITLE PD ☐ DELETE

NAME MIKULA, JIM DR
STREET ADDRESS 1025A SW 1 AVE
CITY-ST-ZIP OCALA FL 34471

TITLE VPD ☐ DELETE

NAME MELOCCHI, JOE
STREET ADDRESS 1025A SW 1ST AVE
CITY-ST-ZIP OCALA FL 34471

TITLE TD ☒ DELETE

NAME KENZIORA, LORELEI
STREET ADDRESS 550 N.E. 25TH AVENUE
CITY-ST-ZIP OCALA FL

TITLE D ☐ DELETE

NAME URBAN, JOYCE
STREET ADDRESS 2875 SW 87TH STREET
CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOUSHEE

4/19/99

(352) 622-9719

CR2E037 (11/98)