

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90010 034 ****70.00

DOCUMENT # N95000000946

1. Entity Name
**BIG BROTHERS/BIG SISTERS ASSOCIATION OF
FLORIDA, INC.**



Principal Place of Business
2112 S CONGRESS AVE.
#200
WEST PALM BEACH, FL 33406

Mailing Address
2112 S CONGRESS AVE.
#200
WEST PALM BEACH, FL 33406

2. Principal Place of Business - No P.O. Box #

1665 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.
B-550

City & State
WEST PALM BEACH, FL

Zip
33401

Country
USA

3. Mailing Address

1665 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.
B-550

City & State
WEST PALM BEACH, FL

Zip
33401

Country
USA

03052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0639541

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MUSKIN, LEON
2112 S CONGRESS AVE.
STE. 200
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name
LEON MUSKIN

Street Address (P.O. Box Number is Not Acceptable)
1665 PALM BEACH LAKES BLVD

SUITE B-550

City
WEST PALM BEACH

FL

Zip Code
33401

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 **LEON MUSKIN**

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

[Handwritten Signature]

(NOT: Registered Agent signature required when reinstating)

03-05-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KOCH, STEPHEN
405 NORTH REO STREET, SUITE 260
TAMPA, FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MUSKIN, LEON
2112 S CONGRESS AVE., STE. 200
WEST PALM BEACH, FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GREENOUGH, PATTI
1400 OLD DIXIE HIGHWAY, SUITE C
ST. AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SANDRIDGE, LEAH
565 TENNESSEE STREET
TALLAHASSEE, FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUNIZ, LYDIA
701 SW 27TH AVENUE, SUITE 800
MIAMI, FL 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MUSKIN, LEON
1665 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Handwritten Signature]* **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-07

Date

561-433-3406

Daytime Phone #