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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004214 (0)

1. Corporation Name
BIG BROTHERS/BIG SISTERS OF NORTH CENTRAL FLORIDA, INC.



Principal Place of Business: 230 N.E. 25TH AVENUE, OCALA FL 34470-2938
Mailing Address: 230 N.E. 25TH AVENUE, OCALA FL 34470-7041

3. Date Incorporated or Qualified: 08/13/1996
3a. Date of Last Report: N/A
4. FEI Number: 59-2871179
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 626 S.W. Pine Ave, Ocala, FL 34474, U.S.
2a. Mailing Address: 626 S.W. Pine Ave., Ocala, FL 34474, U.S.

9. Name and Address of Current Registered Agent: STERMER, ROBERT A, 230 N.E. 25TH AVENUE, OCALA FL 34470-2938

10. Name and Address of New Registered Agent: Robert Stermer, 8585 SW State Rd. 200 Suite #9, Ocala, FL 34481

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: Robert A. Stermer, Robert A. Stermer 4/2/97 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | ANTHONY, JIM | |
| STREET ADDRESS | POST OFFICE BOX 550 | |
| CITY-ST-ZIP | OCALA FL 34478 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BORING, LORI | |
| STREET ADDRESS | 109 W. SILVER SPRINGS BLVD. | |
| CITY-ST-ZIP | OCALA FL 34470 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DEAN, ED | |
| STREET ADDRESS | 230 N.E. 25TH AVENUE | |
| CITY-ST-ZIP | OCALA FL 34470-2938 | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | JACOBS, STAN | |
| STREET ADDRESS | POST OFFICE BOX 670 | |
| CITY-ST-ZIP | OCALA FL 34478 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BOOTH, AL | |
| STREET ADDRESS | 550 N.E. 25TH AVENUE | |
| CITY-ST-ZIP | OCALA FL 34470 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | HARRINGTON, ELAINE | |
| STREET ADDRESS | 3100 S.W. COLLEGE ROAD | |
| CITY-ST-ZIP | OCALA FL 34474 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Steve Wingo | |
| 1.3 STREET ADDRESS | 21 NE 1st Ave. | |
| 1.4 CITY-ST-ZIP | Ocala, FL 34470 | |
| 2.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Mike Greiner | |
| 2.3 STREET ADDRESS | 3300 SW 34th Ave | |
| 2.4 CITY-ST-ZIP | Ocala, FL 34474 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Mary Virga | |
| 3.3 STREET ADDRESS | P. O. Box 188 (N/A) | |
| 3.4 CITY-ST-ZIP | Bushnell, FL 33513 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Tim Babiart | |
| 4.3 STREET ADDRESS | 121 NW third St | |
| 4.4 CITY-ST-ZIP | Ocala, FL 34470 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Al. Booth | |
| 5.3 STREET ADDRESS | 550 N.E. 25th Ave. | |
| 5.4 CITY-ST-ZIP | Ocala, FL 34470 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Sandy Donar | |
| 6.3 STREET ADDRESS | 35 SE 1st. Ave | |
| 6.4 CITY-ST-ZIP | Ocala, FL | |

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.

CR2E037 (9/96)