## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #

N96000004214 (0)

BIG BROTHERS/BIG SISTERS OF NORTH CENTRAL FLORID

Principal Place of Business

Mailing Address

230 N.E. 25TH AVENUE OCALA FL 34470-2938 230 N.E. 25TH AVENUE OCALA FL 34470-7041

## FILED May 20 1997 8:00am Secretary of State



OCALA FL 3447	0-2038		U	GALA FL 344/U-7U41							
								3. Date Incorporated or Qualified 08/13/1996	3a. Date o	of Last Re	eport
2. Principal Pla			2a	. Mailing Address				4. FEI Number			plied For
		Pine Ave	26	626 S.W.	Pir	ne A	ve.	59-2871179		<del></del>	t Applicable
Sulte, Apt. # 22	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>₹</b>	<b>8.75</b> A	Additional equired
City & State				City & State		-		6. Election Campaign Financing		\$5.00	May Be
23 Ocala	a, FL		28	Ocala, FL	r			Trust Fund Contribution		Added t	
Zip		Country		Zip	L	Country	/	8. This corporation has liability for it			199.032,
24 3447		25 U.S	29	34474	30	U.S	3		Yes 🔲 N		
	9. Name	and Address of Cur	rent Regi	stered Agent		- 0.4	T	10. Name and Address of New Re	jistered Age	nt	
						81	Name	Robert Stermer			
	r, rober					82	Street A	Address (P.O. Box Number is Not Acceptab	le)		
	25TH AVI						8585	SW State Rd. 200 S	<u>suite</u>	#9	
OCALA I	FL 34470-2	2938				83					
i V						. 84	1 '	1-	FL <sup>8</sup>		Code 1481
11 Purcuant to	o the provis	ions of Sections 617 (	1502 and (	617 1508 Florida Statu	ites th	né abov	e-named	ala corporation submits this statement for the p		anging it	s registered
office or re	gistered ac	ent, or both, in the St	ate of Flor	ida. Such change was	autho	rized b	y the corp	corporation submits this statement for the population's board of directors. I hereby accept	it the appoint	ment as	registered
					IUIIUA	A	0. 	und Wohn a			
SIGNATURE _	Signature, typed	or printed name of repretered	agent and till	KILA KY3EF	TE: Reg	istered Ag	i ZEALL ent signature	required when reinstating)	DATE		·
12.	)	OFFICERS	AND DIRE	CTORS		13.	-	ADDITIONS/CHANGES TO OFFICE			
TITLE	10	1.		DELETE		1,1 TITLE		PD	X	Change	Addition
NAME	ANTHO	NY, JIM				1,2 NAME		Steve Wingo			
STREET ADDRESS	POST (	OFFICE BOX 550				1,3 STREET	T ADDRESS	21 NE 1st Ave.			
CITY-ST-ZIP	OCALA	FL 34478			1	1,4 CITY-5	ST-ZIP	Ocala, FL 34470			
TITLE	D			Z DELETE		2 1 TITLE		TD	$\mathbf{x}$	Change	Addition
NAME	BORING	3, LORI				2.2 NAME		Mike Greiner			
STREET ADDRESS		SILVER SPRINGS	BLVD.			2.3 STREE	1 ADDRESS	3300 SW 34th Ave			
CITY-ST-ZIP	OCALA	FL 34470				2, 4 CITY-	ST-ZIP	Ocala, FL 34474	٠,		
TITLE	D			<b>X</b> DELETE		3,1 TITLE		D	23	Change	Addition
NAME	DEAN,	ED			- 1	3.2 NAME		Mary Virga			
STREET ADDRESS	230 N.I	E. 25TH AVENUE			- 1	3.3 STREE	T ADDRESS	P. O. Box 188 (N/A)			
CITY-ST-ZIP	OCALA	FL 34470-2938			ı	3.4. CITY -	ST-ZIP	Bushnell, FL 33513	3		
TITLE	PD			X DELETE	7	4.1 TITLE		D		Change	Addition
NAME	JACOB	S, STAN				4. 2 NAME		Tim Babiart			
STREET ADDRESS		OFFICE BOX 670			- 1	4.3 STREE	t address	121 NW third St			
CITY-ST-ZIP	OCALA	FL 34478			J	4.4 CITY-	S1 - ZIP	Ocala, FL 34470			
TITLE	D			☐ DELETE		5.1 THLE		D		Change	Addition
NAME	BOOTH	ł, AL				5.2 NAME		Al. Booth			
STREET ADDRESS	550 N.I	E. 25TH AVENUE			- 1	5.3 STREE	T ADDRESS	550 N.E. 25th Ave.			
CITY-ST-ZIP	OCALA	FL 34470				5.4 CITY-	ST-ZIP	Ocala, FL 34470			
TITLE	\$D			<b>X</b> DELETE		6.1 TITLE		D		Change	X Addition
NAME .		NGTON, ELAINE				₿.2 NAME		Sandy Donar			
STREET ADDRESS		.W. COLLEGE ROA	ND C			6.3 STREE	T ADDRESS	35 SE 1st. Ave			
CITY-ST-ZIP		FL 34474			1	6.4 CITY-	S1 - Z(P	Ocala, FL			
-111 P1 - 631 .								· <del></del>			

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.