

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713803

**FILED**  
**Mar 01, 2013**  
**Secretary of State**  
**CC6674589665**

**Entity Name:** BIG BROTHERS BIG SISTERS OF PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

918 WEST BAY DRIVE  
LARGO, FL 33770

**Current Mailing Address:**

918 WEST BAY DRIVE  
LARGO, FL 33770

**FEI Number:** 59-1197491

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROLSTON, SUSAN  
918 WEST BAY DRIVE  
LARGO, FL 33770 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LETIZIO, LISA  
Address 1 HSN DRIVE  
City-State-Zip: ST. PETERSBURG FL 33729

Title TREASURER  
Name ATINELLA, MIKE  
Address 1 HSN DRIVE  
City-State-Zip: ST. PETERSBURG FL 33729

Title CO-V  
Name FOX, DAVID  
Address 1 VALPAK AVENUE N  
City-State-Zip: ST. PETERSBURG FL 33716

Title CEO  
Name ROLSTON, SUSAN  
Address 918 WEST BAY DRIVE  
City-State-Zip: LARGO FL 33770

Title CO-V  
Name BRUBAKER, CHIP  
Address 10210 HIGHLAND MANOR DRIVE,  
SUITE 300  
City-State-Zip: TAMPA FL 33610

Title S  
Name MASON, KEVIN  
Address 8565 LINEBAUGH AVE  
City-State-Zip: TAMPA FL 33625

Title CO-V  
Name SCHAEFFER, MATT  
Address 2111 DREW STREET  
City-State-Zip: CLEARWATER FL 33765

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN ROLSTON

**CEO**

**03/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date