

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716413

**Entity Name:** BIG BROTHERS BIG SISTERS OF NORTHEAST FLORIDA, INC.

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC7154471249**

**Current Principal Place of Business:**

40 EAST ADAMS STREET  
SUITE 220  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

40 EAST ADAMS STREET  
SUITE 220  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-0683256**

**Certificate of Status Desired: Yes**

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

GRYMES, WARREN JR.  
40 EAST ADAMS STREET  
SUITE 220  
JACKSONVILLE, FL 32202 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: WARREN GRYMES JR**

**04/23/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SPENCER, JASON  
Address        ONE INDEPENDENT DRIVER  
                  25TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title           CH  
Name           BROCK, RICHARD  
Address        501 RIVERSIDE AVENUE  
                  SUITE 800  
City-State-Zip: JACKSONVILLE FL 32202

Title           SECRETARY  
Name           MIKELL, SHERRI  
Address        4800 DEERWOOD CAMPUS PARKWAY  
                  BUILDING 800 2ND FLOOR  
City-State-Zip: JACKSONVILLE FL 32246

Title           VC  
Name           CHESAK, RANDY  
Address        8195 POINT MEADOWS WAY  
City-State-Zip: JACKSONVILLE FL 32256

Title           BM  
Name           MCCORMACK, VINCE  
Address        5 W. FORSYTH STREET  
                  SUITE 100  
City-State-Zip: JACKSONVILLE FL 32202

Title           PGDV  
Name           COLE, BOB  
Address        245 RIVERSIDE AVENUE  
                  SUITE 400  
City-State-Zip: JACKSONVILLE FL 32202

Title           CEO  
Name           GRYMES, WARREN M JR.  
Address        40 EAST ADAMS STREET  
                  SUITE 220  
City-State-Zip: JACKSONVILLE FL 32202

*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: WARREN GRYMES**

**CEO**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date