2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716413

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

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

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		04/03/2017			
	Electronic Signature of Registered Agent		Date			
Officer/Director Detail :						
Title	VICE CHAIR	Title	TREASURER			
Name	SPENCER, JASON	Name	POLLAN, STEPHEN			
Address	ONE INDEPENDENT DRIVER 25TH FLOOR	Address	4887 BELFORT ROAD, SUITE 102 SUITE 800			
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32256			
Title	CHAIRMAN OF THE BOARD	Title	BOARD MEMBER			
Name	MIKELL, SHERRI	Name	CHESAK, RANDY			
Address	4800 DEERWOOD CAMPUS PARKWAY	Address	8195 POINT MEADOWS WAY			
	BUILDING 100 DC 1-4	City-State-Zip:	JACKSONVILLE FL 32256			
City-State-Zip:	JACKSONVILLE FL 32246	Title	SECRETARY			
Title	BOARD MEMBER	Name	FERRY, BILL			
Name	HELDENBRAND, JONATHAN	Address	4600 TOUCHTON ROAD E, BUILDING			
Address	1 SLEIMAN PARKWAY	City-State-Zip:	JACKSONVILLE FL 32246			
City-State-Zip:	JACKSONVILLE FL 32216					
T .(1)	050	Title	VICE PRESIDENT OF FINANCE			
Title	CEO	Name	SOLOMON, JULIE			
Name	GRYMES, WARREN M JR.	Address	40 EAST ADAMS STREET			
Address	40 EAST ADAMS STREET SUITE 220	City State 7:				
City-State-Zip:		City-State-Zip:	JACKSONVILLE FL 32202			

Continues on page 2

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: JULIE SOLOMON

VICE PRESIDENT OF 04/03/2017 FINANCE

FILED Apr 03, 2017 Secretary of State CC8109907541

Certificate of Status Desired: Yes

Officer/Director Detail Continued :

Title	VICE PRESIDENT OF PROGRAM	Title	VICE PRESIDENT OF FUND DEVELOPMENT GRYMES, CHERYL 40 EAST ADAMS STREET SUITE 220
Name	ALFORD, SARA	Name	
Address	40 EAST ADAMS STREET		
City-State-Zip:	JACKSONVILLE FL 32202	Address	
		City-State-Zip:	JACKSONVILLE FL 32202