

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01573

**Entity Name:** BIG BROTHERS BIG SISTERS OF ST. LUCIE, INDIAN RIVER & OKEECHOBEE COUNTIES, INC.

**Current Principal Place of Business:**

403 N US HWY 1  
FT. PIERCE, FL 34950

**Current Mailing Address:**

403 N US HWY 1  
FT. PIERCE, FL 34950 US

**FEI Number: 59-2455513**

**Certificate of Status Desired: Yes**

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

MILLER, JUDI  
403 N US HWY 1  
FT PIERCE, FL 34950 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 CHAIRMAN  
Name WYSZKOWSKI, JONI CHAIR  
Address 403 N US HWY 1  
City-State-Zip: FT. PIERCE FL 34950

Title CHAIR-ELECT  
Name HALL, DAVID  
Address 403 N US HWY 1  
City-State-Zip: FT. PIERCE FL 34950

Title CEO  
Name MILLER, JUDI  
Address 403 N US HWY 1  
City-State-Zip: FORT PIERCE FL 34950

Title VICE-CHAIR  
Name MEYERS, JOANNA  
Address 403 N US HWY 1  
City-State-Zip: FT. PIERCE FL 34950

Title SECRETARY  
Name FRY, LORI  
Address 403 N US HWY 1  
City-State-Zip: FT. PIERCE FL 34950

Title TREASURER  
Name MORGENSTERN, KIM  
Address 403 N US HWY 1  
City-State-Zip: FT. PIERCE FL 34950

*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: JUDI MILLER**

**CEO**

**05/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date