

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01573

**Entity Name:** BIG BROTHERS BIG SISTERS OF ST. LUCIE, INDIAN RIVER & OKEECHOBEE COUNTIES, INC.**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**6813855747CC****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:**WATSON-MESLEY, STACEY CEO  
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: STACEY WATSON-MESLEY****02/12/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	CHAIR-ELECT
Name	LORIMIER, BRADLEY
Address	403 N US HWY 1
City-State-Zip:	FT. 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

Title	CEO
Name	WATSON-MESLEY, STACEY
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: STACEY WATSON-MESLEY****CEO****02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date