

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthan,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **742848** (5)

1. Corporation Name

**BARNETT PEOPLE FOR BETTER GOVERNMENT, INC.**



Principal Place of Business

Mailing Address

50 N. LAURA STREET (MC 1114)  
JACKSONVILLE FL 32202-0638

50 N. LAURA STREET (MC 1114)  
JACKSONVILLE FL 32202-0638

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	05/10/1978		04/28/1995
4.	FEI Number	Applied For	
	59-2067853	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BABCOCK, BRIAN A.**  
50 LAURA ST.  
JACKSONVILLE FL 32202

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Brian A. Babcock**  
Signature of registered office, registered agent and state treasurer

*Brian A. Babcock*  
Signature of New Registered Agent

DATE **4/23/96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	STD	<input type="checkbox"/>
NAME	BABCOCK, BRIAN A.	
STREET ADDRESS	50 LAURA ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	FARMER, MARTY T.	
STREET ADDRESS	50 LAURA ST.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	SHIRLEY H.M. J	
STREET ADDRESS	9	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	VC	<input checked="" type="checkbox"/>
NAME	CLEMENTS, BILL	
STREET ADDRESS	390 N ORANGE AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PC	<input type="checkbox"/>
NAME	LOSKILL, JAMES	
STREET ADDRESS	796 FIFTH AVENUE AVEUE S	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/>
NAME	CANTRELL, MARSHA	
STREET ADDRESS	315 S. CALHOUN ST.	
CITY - ST - ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP	** add ZIP code 32202		
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP	** add ZIP code 32202		
31 TITLE			
32 NAME			
33 STREET ADDRESS	9223 Cortez Blvd.		
34 CITY - ST - ZIP	Brooksville FL 34613		
41 TITLE			
42 NAME	Melanie Bancroft		
43 STREET ADDRESS	10220 US Hwy. 19		
44 CITY - ST - ZIP	Port Richey FL 34668		
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP	** add ZIP code 33940		
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP	** add ZIP code 32301		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brian A. Babcock**

*Brian A. Babcock*

DATE **4/23/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Executive Print Name

CR2E037 (12/95)