

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38166 (7)

1. Corporation Name

THE WILLIAM BARRINGER FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O THORNTON M. HENRY
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

C/O THORNTON M. HENRY
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
05/16/1990

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-6879212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, THORNTON M.
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33402

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, 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

[Signature]

THOMAS E. COCHRANE, JR. V/P

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS BRASWELL, PEARL E.
401 PERUVIAN AVE.
CITY - ST - ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME VTD
STREET ADDRESS COCHRANE, THOMAS E. JR.
4 HARVARD CT, STE 700
CITY - ST - ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS BRASWELL, DANIEL R.
975 BEAR ISLAND CIRCLE
CITY - ST - ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS SKIVINGTON, KEITH L.
12785 TIMBER PINE TR.
CITY - ST - ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS THOMAS, LOTT
30 MAIN STREET, FIFTH FLOOR
CITY - ST - ZIP CHAMPAIGN IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

[Signature] THOMAS E. COCHRANE, JR. V/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)