

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000006877

Entity Name: THE BARKER WELFARE FOUNDATION INC.**Current Principal Place of Business:**80 GLEN HEAD ROAD, STE. 4
GLEN HEAD, NY 11545**Current Mailing Address:**P.O. BOX NO. 2
GLEN HEAD, NY 11545 US**FEI Number:** 36-6018526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PD
Name ROSS, ALEXANDER B
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title DT
Name TURNER, BETSY L
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title EDAS
Name DEMAYO, SUSAN M
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title DIRECTOR
Name ROSS, STEPHEN B
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title VPD
Name MOORE, DANIELLE H
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title DS
Name HICKOX, FRANCES B
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title VPD
Name MATHESON, ALLINE
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title DIRECTOR
Name ROSS III, WALTER L
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXANDER B. ROSS**PRESIDENT****04/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'CONNOR, SARANE R
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title DIRECTOR
Name MCCORMICK, THOMAS P
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title DIRECTOR
Name MATHESON, THORNTON
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title DIRECTOR
Name HICKOX, JAMES A.B.
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545

Title DIRECTOR
Name LEINWEBER, JOHN L
Address 80 GLEN HEAD ROAD
City-State-Zip: GLEN HEAD NY 11545