




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90014 047 ****61.25

DOCUMENT # 715507 1. Entity Name BARR TERRACE, INC.						
Principal Place of Business 50 EAST ROAD DELRAY BEACH, FL 33483			Mailing Address 50 EAST ROAD DELRAY BEACH, FL 33483			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40043578</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 03192007 Chg-NP CR2E037 (12/06) </div>		
City & State		City & State				
Zip	Country	Zip	Country			
4. FEI Number 59-1284354		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40043578</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 03192007 Chg-NP CR2E037 (12/06) </div>		
6. Name and Address of Current Registered Agent TORREY, EVERETT 50 EAST RD 3-A DELRAY BEACH, FL 33483						
7. Name and Address of New Registered Agent Name <u>Vance, Blake</u> Street Address (P.O. Box Number is Not Acceptable) <u>50 East Rd., Apt. 7-D</u> City <u>Delray Beach</u> FL <u>33483</u>						
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Blake E Vance</u> <u>Blake E Vance - President - 3/26/07</u> <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOCKTOR, GAIL 50 EAST RD. APT 9-B DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Vance, Blake 50 East Rd, Apt 7-D Delray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANCE, BLAKE 50 EAST RD, APT 7-D DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Betta, Carl 50 East Rd., Apt. 7-E Delray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEBIOWITZ, GERALD 50 EAST RD, APT 10-A DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rita Bana 50 East Rd, Apt 9-C Delray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVERETT, TORREY 50 EAST RD #3A DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Blake E Vance</u> <u>Blake E Vance 3/26/07 (561) 278-5656</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						