


FILE NOW: FILING FEE IS \$61.25

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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742848 (5)**  
1. Corporation Name  
**BARNETT PEOPLE FOR BETTER GOVERNMENT, INC.**



Principal Place of Business <b>50 N. LAURA STREET (MC 1114) JACKSONVILLE FL 32202-0638</b>	Mailing Address <b>50 N. LAURA STREET (MC 1114) JACKSONVILLE FL 32202-3664</b>
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2. Principal Place of Business <b>21 50 N. Laura Street</b>		2a. Mailing Address <b>26 50 N. Laura Street</b>		3. Date Incorporated or Qualified <b>05/10/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22 # 3214</b>		Suite, Apt. #, etc. <b>27 # 3214</b>		4. FEI Number <b>59-2067853</b>	Applied For Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>BABCOCK, BRIAN A. 50 LAURA ST. JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City <b>FL</b> 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 *[Signature]* DATE **6/3/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABCOCK, BRIAN A.</b>	1.2 NAME	
STREET ADDRESS	<b>50 LAURA ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARMER, MARTY T.</b>	2.2 NAME	
STREET ADDRESS	<b>50 LAURA ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHIRLEY H.M. J</b>	3.2 NAME	<b>C. Michael Collins</b>
STREET ADDRESS	<b>9223 CORTEZ BLVD</b>	3.3 STREET ADDRESS	<b>240 S. Pineapple Ave.</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	3.4 CITY-ST-ZIP	<b>Sarasota FL 34230</b>
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANCROFT, MELANIE</b>	4.2 NAME	
STREET ADDRESS	<b>10220 US HWY 19</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	
TITLE	PC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOSKILL, JAMES</b>	5.2 NAME	<b>Thomas Yochum</b>
STREET ADDRESS	<b>798 FIFTH AVENUE AVEUE S</b>	5.3 STREET ADDRESS	<b>390 N. Orange Ave.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	<b>Orlando FL 32801</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANTRELL, MARSHA</b>	6.2 NAME	
STREET ADDRESS	<b>315 S. CALHOUN ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)