

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 26 1997 8:00am
Secretary of State

DOCUMENT # 767938 (4)

1. Corporation Name

JACKSONVILLE BARNETT FOUNDATION, INC.

Principal Place of Business

Mailing Address

50 N LAURA ST
PO BOX 990
JACKSONVILLE FL 32231

50 N LAURA ST
PO BOX 990
JACKSONVILLE FL 32231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1983 3a. Date of Last Report 04/20/1996

4. FEI Number 59-0155625 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, JUDY P.
50 N. LAURA ST.
P.O. BOX 990
JACKSONVILLE FL 32231

81 Name Sallyn J. Shilling
82 Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street
83 P.O. Box 990
84 City Jacksonville FL 85 Zip Code 32231

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 *John Thompson*
Signature, typed or printed name of registered agent and title if applicable.

Sallyn J. Shilling 9/3/97
NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CHENEY, ANDREW B
STREET ADDRESS 50 N LAURA ST
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE President & CEO ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME THOMPSON, JOHN C.
STREET ADDRESS 11030 ST. CHARLES PLACE
CITY-ST-ZIP JACKSONVILLE FL 32223

2.1 TITLE SVP ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME HALL, JUDY P.
STREET ADDRESS 1596 LANCASTER TERR. #3A
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE D-SVP ☐ Change ☒ Addition
3.2 NAME Sallyn J. Shilling
3.3 STREET ADDRESS 50 North Laura Street, PO Box 990
3.4 CITY-ST-ZIP Jacksonville, FL 32231

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 700002305517
5.4 CITY-ST-ZIP -09/29/97--01004--013
***\$1.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE REQUIRED *Sallyn J. Shilling* 9/3/97 904-791-

CR2E037 (4/97)