

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000001552

1. Entity Name
BARKETT FAMILY FOUNDATION, INC.



Principal Place of Business
**5580 PETERSON LANE, SUITE 250, LB 10
DALLAS, TX 75240**

Mailing Address
**5580 PETERSON LANE, SUITE 250, LB 10
DALLAS, TX 75240**



01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
58-2372150

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARKETT, GEORGE A DR
2606 PALOMA DR.
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BARKETT, GEORGE A DR
STREET ADDRESS	2606 PALOMA DR.
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	DST
NAME	BARKETT, SUE T
STREET ADDRESS	2606 PALOMA DR.
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	BARKETT, ANDREA T
STREET ADDRESS	551 WALL STREET
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	D
NAME	BARKETT, G. D
STREET ADDRESS	1696 MONARCH RIDGE CIRCLE
CITY-ST-ZIP	EL CAJON, CA 92109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/07-80070-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George A. Barkett
Jan 25, 07 772-562-3875