## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000001552

City-St-Zip:

EL CAJON, CA 92109

FILED Apr 28, 2009 Secretary of State

Entity Name: BARKETT FAMILY FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5580 PETERSON LANE, SUITE 250, LB 10 2606 PALOMA DRIVE VERO BEACH, FL 32960 DALLAS, TX 75240 **Current Mailing Address: New Mailing Address:** 5580 PETERSON LANE, SUITE 250, LB 10 5580 PETERSON LANE DALLAS, TX 75240 DALLAS, TX 75240 FEI Number: 58-2372150 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKETT, GEORGE A DR 2606 PALÓMA DR. VERO BEACH, FL 32960 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition BARKETT, GEORGE A DR Name: Name: 2606 PALOMA DR. Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: DST ( ) Delete Title: () Change () Addition Name: BARKETT, SUE T Name: Address: 2606 PALOMA DR. Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: () Delete Title: () Change () Addition BARKETT, ANDREAT Name: Name: 551 WALL STREET Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BARKETT, G. D Name: 1696 MONARCH RIDGE CIRCLE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DR. GEORGE A. BARKETT PRES 04/28/2009