2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N00000005 BARFIELD ELEMENTARY					90251 029 **	**61.	.25
Principal Place of Business Mailing Address 101 KIRKWOOD PO BOX 107 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 341		46					3 3 2 3 1 33 3	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102006 C	hg-NP	CR2E037 (11	/05)	
City & State		City & State		4. FEI Number 59-366459	98			olied For Applicable
Zip	Country	Zip	Country	5. Certificate of S	status Desired		5 Addi equired	tional
	6. Name and Address of Current	Registered Agent		7. Name and Add	dress of New I	Registered Agent		
WEBSTER, RONALD S 985 N COLLIER BLVD MARCO ISLAND, FL 34145			Name Street Address (P.O. Box Number is Not Acceptable)					
WAROOR	· ·							
			City			FL Zi	p Code	1
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or both, in	n the State of Fi	lorida. I am família	r with, a	and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title if applicable. (NOTE: F 9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be Added to Fees		DATE Make check paya rida Department		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Flo	Make check paya rida Department	of Sta	ate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Flo	Make check paya rida Department	of Sta	ate
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10. TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI PD MITCHUSSON, DEBBIE 161 BERMUDA	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Flo	Make check paya rida Department ERS AND DIRECTO	of Sta	10
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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 instee 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 explowered.

SIGNATURE:

CONDITION SEE CE