# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2006**
**Secretary of State**

DOCUMENT# N03000006291

**Entity Name:** THE BARBARA WATT FOUNDATION, INC.

**Current Principal Place of Business:**

725 CAPE CORAL PARKWAY
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

4427 DEL PRADO BLVD.
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number: 20-0137331** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNETTE, ANDREW A
4427 DEL PRADO BLVD.
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete
Name: WATT, BARBARA M
Address: 4015 SE 20TH PLACE #504
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete
Name: BIGGS, ROBERT W
Address: 4015 SE 20TH PLACE #504
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete
Name: OTTO, PATRICIA
Address: 2721 SW 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: TD ( ) Delete
Name: SCHINDLER, DOROTHY T
Address: 1211 ROMANO KEY CIRCLE
City-St-Zip: PUNTA GORDA, FL 33955

Title: D (X) Delete
Name: BARNETTE, ANDREW
Address: 4630 SE 20TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BARNETTE, ANDREW
Address: 4630 SE 20TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: BARBARA M WATT PD 03/20/2006

Electronic Signature of Signing Officer or Director — Date