2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000006291

1. Entity Name
THE BARBARA WATT FOUNDATION, INC.

Principal Place of Business	Mailing Address
725 CAPE CORAL PARKWAY CAPE CORAL, FL 33914	4427 DEL PRADO BLVD. CAPE CORAL, FL 33904

01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0137331
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATT, BARBARA M
STREET ADDRESS	4015 SE 20TH PLACE #504
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VD
NAME	BIGGS, ROBERT W
STREET ADDRESS	4015 SE 20TH PLACE #504
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	BARNETTE, ANDREW
STREET ADDRESS	4630 SE 20TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	TD
NAME	SCHINDLER, DOROTHY T
STREET ADDRESS	1211 ROMANO KEY CIRCLE
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80027-005 61.25

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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 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: Barbara M Watt 3-19-08 239-542-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #