

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18913 (6)

1. Corporation Name

~~BARNETT CHARITIES, INC.~~

BARNETT COMMUNITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O ~~James W. McGowan~~ Mike Briggs 50 NORTH LAURA ST.
50 NORTH LAURA STREET ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202
US



3. Date Incorporated or Qualified
01/26/1987

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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4. FEI Number
59-2761362

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWARTLEY, RICHARD E.
50 LAURA STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 500001838096
-05/24/96-01026-032
***70.00

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LASTINGER, ALLEN L., JR.
STREET ADDRESS 50 LAURA STREET
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME DUAN, ROSEANN
1.3 STREET ADDRESS 50 North Laura Street
1.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE D
NAME RICE, CHARLES E.
STREET ADDRESS 50 LAURA STREET
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME MYERS, WILLIAM R.
2.3 STREET ADDRESS 701 Brickell Avenue
2.4 CITY-ST-ZIP Miami, FL 33131

TITLE ~~DR~~
NAME BREWER, RICHARD C.
STREET ADDRESS 50 NORTH LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

3.1 TITLE D, Chairman ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT
NAME NEWMAN, CHARLES W.
STREET ADDRESS 50 NORTH LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

4.1 TITLE DTS ☒ Change ☐ Addition
4.2 NAME STAFFORD, KEN
4.3 STREET ADDRESS 315 South Calhoun St., 2nd Floor
4.4 CITY-ST-ZIP Tallahassee, FL 32301

TITLE D
NAME NOBLES, HINTON F.
STREET ADDRESS 50 LAURA STREET
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME CHENEY, ANDY
5.3 STREET ADDRESS 50 North Laura Street
5.4 CITY-ST-ZIP Jacksonville, FL 32202

TITLE D
NAME BEAUBOUF, JUDITH S.
STREET ADDRESS 50 NORTH LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME WEST, LETITIA K.
6.3 STREET ADDRESS 4800 140th Avenue N.
6.4 CITY-ST-ZIP Clearwater, FL 34622

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roseann Duan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roseann Duan, President

4/9/96

(904) 791-5997

Date

Daytime Phone #

CR2E037 (12/95)