


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18913** (6)

1. Corporation Name

BARNETT FOUNDATION, INC.



Principal Place of Business	Mailing Address
50 NORTH LAURA STREET C/O MIKE BRIGGS JACKSONVILLE FL 32202	50 NORTH LAURA ST ATTN: REGULATORY RELATIONS JACKSONVILLE FL 32202-3664 US

3. Date Incorporated or Qualified 01/26/1987	3a. Date of Last Report 05/23/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2761362	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAN, ROSEANN	1.2 NAME	
STREET ADDRESS	50 NORTH LAURA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, WILLIAM R	2.2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, RICHARD C	3.2 NAME	
STREET ADDRESS	50 NORTH LAURA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	
TITLE	DTS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, KEN	4.2 NAME	
STREET ADDRESS	315 SOUTH CALHOUN ST., 2ND FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEY, ANDY	5.2 NAME	
STREET ADDRESS	50 NORTH LAURA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, LETITIA K	6.2 NAME	
STREET ADDRESS	4800 140TH AVENUE N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1-21-97 (904) 791-5997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6003957

CR2E037 (9/96)