


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N30210 1. Entity Name BARRIER ISLAND TRUST, INC.	
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Principal Place of Business %ROBERT A. PIERCE 227 S. CALHOUN STREET TALLAHASSEE, FL 32301	Mailing Address %ROBERT A. PIERCE P.O. BOX 37310 TALLAHASSEE, FL 32315 US
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02042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2940012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PIERCE, ROBERT A.
227 S. CALHOUN STREET
TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000656314 03/14/07-80021-009 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, LEROY III 418 BLANCA AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, MITCHELL JR 2509 OLD IVY LANE ALBANY, GA 31707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DYKE, JESS M. 3917 COMMONWEALTH BLDG. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELLON, DIANNE 1515 COUNTRY CLUB DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: DIANNE MELLON *Dianne Mellon* **2-7-07** **850 877 3942**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #