2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N30210

Entity Name: BARRIER ISLAND TRUST, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

%ROBERT A. PIERCE
P.O. BOX 37310
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-2940012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, ROBERT A.
227 S. CALHOUN STREET
TALLAHASSEE, FL 32301 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: COLLINS, LEROY III
Address: 418 BLANCA AVE
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete
Name: SMITH, MITCHELL JR
Address: 2509 OLD IVY LANE
City-St-Zip: ALBANY, GA 31707

Title: SD ( ) Delete
Name: VAN DYKE, JESS M.,
Address: 3917 COMMONWEALTH BLDG.
City-St-Zip: TALLAHASSEE, FL

Title: V ( ) Delete
Name: MELLON, DIANNE
Address: 1515 COUNTRY CLUB DR
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DIANNE MELLON V 03/27/2009

Electronic Signature of Signing Officer or Director — Date