

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30210

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** BARRIER ISLAND TRUST, INC.

**Current Principal Place of Business:**

%ROBERT A. PIERCE  
123 SOUTH CALHOUN ST.  
TALLAHASSEE, FL 323011517

**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  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011517 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  
Name: COLLINS, LEROY III  
Address: 418 BLANCA AVE  
City-St-Zip: TAMPA, FL 33606

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

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

Title: V  
Name: MELLON, DIANNE  
Address: 1515 COUNTRY CLUB DR  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: DIANNE MELLON

V

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date