2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # N35104 1. Entity Name			526	02-21-2005 90057 009 ****70.00		
BARRIER ISLAND PARKS SOCIETY, INC.					02-21-2005 9	0005 / 009 **** /0.00
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Principal Place of Business Mailing Address 880 BELCHER ROAD P.O. BOX 637 C/O BARRIER IS. GEO PARK BOCA GRANDE, FL 339 BOCA GRANDE, FL 33921				that he	in activity of the property of the control of the c	
2007.010		ener en				
2. Principal P	lace of Business	3. Mailing Address	•			B B B \$ B B B B B B B B B B B B B B
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022005 Chg-NP	CR2E037 (10/03)
City & State		City & State			4. FEI Number 65-0327405	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New I	Registered Agent
STERLING	S, BRUCE D		- Name	Name		
152 BLACI	KWALL CT ANDE, FL 33921 ー1分3件		Street A	Street Address (P.O. Box Number is Not Acceptable)		
			City			FL Zip Code
8. The above	named entity submits this statement	for the purpose of changing its re	egistered office of	r registere	ed agent, or both, in the State of Fl	
the obligat	tions of registered agent.	· / ·			. •	n north a fath of the state of
	18muc 1) to	dun		. ,		7-2-06
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: I	Registered Agent signat	ture required	shon minimized	DATE
		/ 1		one regarde	when remaining)	DAIL
	Charles Andrews			•	· · · · · · · · · · · · · · · · · · ·	
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12. Thereby certify that the information supplied with this little does not deally first the exemption stated in section 1 and 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 otherwise, empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIR OR DIRECTOR

2-2-05

941-964-0674

Daytime Phone #