
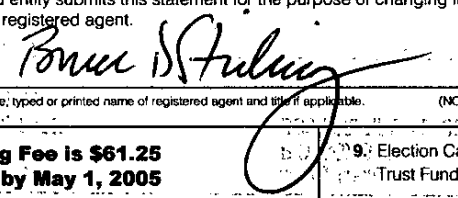
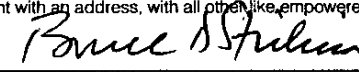


**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90057 009 \*\*\*\*70.00

<b>DOCUMENT # N35104</b>				<b>Secretary of State</b> 02-21-2005 90057 009 ****70.00	
1. Entity Name <b>BARRIER ISLAND PARKS SOCIETY, INC.</b>					
Principal Place of Business <b>880 BELCHER ROAD C/O BARRIER IS. GEO PARK BOCA GRANDE, FL 33921</b>		Mailing Address <b>P.O. BOX 637 BOCA GRANDE, FL 33921 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0327405</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>STERLING, BRUCE D 152 BLACKWALL CT BOCA GRANDE, FL 33921 -1034</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 reinstating) DATE <b>2-2-05</b>					
Filing Fee is \$61.25 Due by May 1, 2005					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ITALIANO, JANET G		NAME	John A Dunn	
STREET ADDRESS	P.O. BOX 355		STREET ADDRESS	355 Pilot Point	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921-1031	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACKEN, ELSIE		NAME	ROBERT W CALDWELL	
STREET ADDRESS	POB 134		STREET ADDRESS	131 Palm Ave.	
CITY-ST-ZIP	BOCA GRAND, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921-1356	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEANWELL, WALTER		NAME	VIRGIL PITSTICK	
STREET ADDRESS	P.O. BOX 1377		STREET ADDRESS	180 DAMIFICARE ST	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	BOCA GRANDE, FL 33921-0827	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, KEVIN		NAME	HUGH MOULTON	
STREET ADDRESS	2215 STOUT STREET		STREET ADDRESS	BOCA GRANDE CLUB DC 304	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	BOCA GRANDE, FL 33921-2105	
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERLING, BRUCE D		NAME	LARRY HANNAH	
STREET ADDRESS	POB 1834		STREET ADDRESS	763 BEACH VIEW DR	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	BOCA GRANDE, FL 33921-0554	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOPES, TED		NAME	KATHLEEN ROHREA	
STREET ADDRESS	P.O. BOX 1451		STREET ADDRESS	362 BAILY	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	BOCA GRANDE, FL 33921-0362	
12. I 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 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:  DATE: <b>2-2-05</b> DAYTIME PHONE #: <b>941-964-0674</b>					