

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90137 015 ****61.25

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DOCUMENT # N38166

1. Corporation Name

THE WILLIAM BARRINGER FOUNDATION, INC.

Principal Place of Business

C/O THORNTON M. HENRY
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

Mailing Address

C/O THORNTON M. HENRY
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401



2. Principal Place of Business

21 2801 EXCHANGE CT.

Suite, Apt. #, etc.

22

City & State

23 WEST PALM BEACH, FL

Zip

24 33409

Country

25 USA

2a. Mailing Address

26 2801 EXCHANGE CT.

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BEACH, FL

Zip

29 33409

Country

30 USA

3. Date Incorporated or Qualified

05/16/1990

4. FEI Number

59-6879212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HENRY, THORNTON M.
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33402

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BRASWELL, PEARL E.
STREET ADDRESS 301 AUSTRALIAN
CITY-ST-ZIP PALM BEACH FL 33480

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VTD
NAME COCHRANE, THOMAS E. JR.
STREET ADDRESS 2801 EXCHANGE COURT
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME BRASWELL, DANIEL R.
STREET ADDRESS 975 BEAR ISLAND CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SKIVINGTON, KEITH L.
STREET ADDRESS 12785 TIMBER PINE TR.
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME THOMAS, LOTT
STREET ADDRESS 30 MAIN STREET, FIFTH FLOOR
CITY-ST-ZIP CHAMPAIGN IL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF THOMAS E. COCHRANE, JR.

4/27/99

561-684-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)