

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45747 (5)
 1. Corporation Name
BARRIER ISLAND FOUNDATION, INC.



Principal Place of Business KETTLE HARBOR DR. #42 GROVE CITY FL 34224 US	Mailing Address P.O. BOX 5337 NA GROVE CITY FL 34224 US
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3. Date Incorporated or Qualified
10/25/1991

4. FEI Number
65-0292313

Applied For	Not Applicable
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2. Principal Place of Business
 21. Suite, Apt. #, etc.

2a. Mailing Address
 26. Suite, Apt. #, etc.

22. City & State
 27. City & State

23. Zip Country
 28. Zip Country

24. Zip Country
 25. Zip Country
 29. Zip Country
 30. Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**STARR, ROBERT J.
 KETTLE HARBOR DR #42
 GROVE CITY FL 34224**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARR, ROBERT J.	1.2 NAME	
STREET ADDRESS	KETTLE HARBOR DR #42	1.3 STREET ADDRESS	
CITY - ST - ZIP	GROVE CITY FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSEY, JANE	2.2 NAME	
STREET ADDRESS	#42 PALM DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	KNIGHT ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	D/S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, TERRSA	3.2 NAME	
STREET ADDRESS	4278 HARTSOUR AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PORT FL 34287	3.4 CITY - ST - ZIP	
TITLE	BETTY BRENNEMAN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETTLE HARBOR LOT 47 D	4.2 NAME	
STREET ADDRESS	GROVE CITY FL 34224	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, on an attachment with my address.

SIGNATURE: *[Signature]* **REQUIRED** **4/21/98 941-697-7206**

CR2E037 (10/97)