

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:16

DOCUMENT # **N47276 (3)**

1. Corporation Name  
**THE JOHN BARBER COLLECTION FOUNDATION, INC.**

Principal Place of Business	Mailing Address
259 S.E. 3RD AVENUE APT 257 POMPANO BEACH FL 33060 US	259 S.E. 3RD AVENUE A-22 POMPANO BEACH FL 33060 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/10/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0353384</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>259 SE 3rd AVE</b>	26 <b>259 SE 3rd AVE</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>POMPANO BEACH, FL</b>	28 <b>POMPANO BEACH, FL</b>
24 Zip <b>33060</b> Country <b>USA</b>	29 Zip <b>33060</b> Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**DONOFF, CRAIG  
6100 GLADES RD  
SUITE 204  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	<b>D</b>
NAME	<b>BARBER, MARGARET D.</b>
STREET ADDRESS	<b>401 E LINTON BLVD #257</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>DE RONDE, JOHN W.</b>
STREET ADDRESS	<b>259 S.E. 3RD AVENUE</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>DE RONDE, CHERYL A.</b>
STREET ADDRESS	<b>259 S.E. 3RD AVENUE</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BARBER, MARGARET D.</b>	
1.3 STREET ADDRESS	<b>370 SE 6th TERR.</b>	
1.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33060</b>	
2.1 TITLE	<b>P/T/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DE RONDE, JOHN W.</b>	
2.3 STREET ADDRESS	<b>259 SE 3rd AVE</b>	
2.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33060</b>	
3.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DE RONDE, CHERYL A.</b>	
3.3 STREET ADDRESS	<b>259 SE 3rd AVE</b>	
3.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33060</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DE RONDE, KATRINA M.</b>	
4.3 STREET ADDRESS	<b>36 MICHELLE AVE.</b>	
4.4 CITY-ST-ZIP	<b>LEESBURG, FL 34748</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this filing.

SIGNATURE:

*John W. De Ronde* DIR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN W. DE RONDE-DIRECTOR**

1/16/95 305-781-4896  
Date Telephone #