


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90014 017 ****61.25

DOCUMENT # N50557 1. Entity Name BAREFOOT BAY COMMUNITY FUND, INC.					
Principal Place of Business 625 BAREFOOT BLVD BAREFOOT BAY FT 32976 US			Mailing Address P O BOX 779 186 BAREFOOT BAY FL 32976 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRESE, GARY B. 930 S HARBOR CITY BLVD STE 505 MELBOURNE FL 32901			Name 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 registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'KEEFE, MARILYN		NAME		
STREET ADDRESS	1201 ARECA DR		STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL 32976		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESCHLER, EUGENE		NAME		
STREET ADDRESS	1023 ROYAL PALM DR		STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL 32976		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLINE, ALFRED		NAME		
STREET ADDRESS	1019 ROYAL PALM DR		STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL 32976		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANHAM, FLORENCE A		NAME	Canham, Florence A.	
STREET ADDRESS	825 S WATERWAY		STREET ADDRESS	1239 Waterway Drive	
CITY-ST-ZIP	BAREFOOT BAY FL		CITY-ST-ZIP	Barefoot Bay, Fl. 32976	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARROLL, LEO F		NAME		
STREET ADDRESS	916 DOGWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNELLBAKER, H J		NAME	Snellbaker, H. J.	
STREET ADDRESS	601 E OLEANDER CIRCL		STREET ADDRESS	601 Oleander Circle	
CITY-ST-ZIP	BAREFOOT BAY FL 32976		CITY-ST-ZIP	Barefoot Bay, Fl. 32976	
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: <i>Florence A. Canham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/16/04 (772) 664-1714 <small>Date Daytime Phone #</small>		

Florence A. Canham