FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1000

FILED Jul 02 1998 8:00am Secretary of State

1	1990				
DOCUMENT # N9300003537 (8) THE BARFIELD MOCK FOUNDATION, INC.					
				1	
'		1011, 1110			
Principal Place of Business Mailing Address					1810 8 (18 8 1 9 /1 00 (1818 108) 108)
3006 FOREST RD. 3005 FOREST RD. EUSTIS FL 32726 EUSTIS FL 32726				3. Date Incorporated or Qualified 08/05/1993	
				4. FEI Number	Applied For
				59-3195041	Not Applicable
├		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name		
				ddress (P.O. Box Number is Not Acceptable)	
50 NORTH LAURA ST. SUITE 3100 83					······································
IACKSONIVILLE EL 39903			54 0"	<u> </u>	16-1 O
			84 City	F	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statu	tes, the above-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the approximation is provided in the purpose of the purpose o	of changing its registered
agent. I a	m familiar with, and accept the oblig	pations of, Section 617.0503, F	orida Statutes.	recipite board of an octoria. The object of a	spontanont as registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable. (NO	TE Registered Agent signature re-	quited when reinstating?	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	TPVT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOCK, MARGARETTE E		1.2 NAME		
STREET ADDRESS	3005 FOREST RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	EUSTIS FL 32726	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	MOCK, DAVID B		2.2 NAME		
STREET ADDRESS	1697 COPPERFILED CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP		
TITLE	-T	☐ DELETE	3,1 TITLE		Change Addition
NAME	MOCK, JANET E		3.2 NAME		
STREET ADDRESS	%3005 FOREST RD. EUSTIS FL 32726		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T 52726	DELETE	3.4. CITY - ST - ZIP 4.1 YITLE		Change Addition
NAME	BUZBEE, MELANIE M	<u> </u>	4. 2 NAME		
STREET ADDRESS	1225 PALMER TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			. 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME		☐ NETE(E	6.1 TITLE 6.2 NAME		
I HANNE [D.Z NAME		

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 gron an attachment with an address to the corporation of the corporation of the receiver of the receiver of the receiver of 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 gron an attachment with an address to the corporation of the receiver of the corporation of the receiver of the

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

358.352.3485