


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90134 007 ****61.25

0013680

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003537					
1. Corporation Name THE BARFIELD MOCK FOUNDATION, INC.					
Principal Place of Business 3005 FOREST RD. EUSTIS FL 32726			Mailing Address 3005 FOREST RD. EUSTIS FL 32726		



2. Principal Place of Business 21 1143 Holmesdale Rd. Suite, Apt. #, etc. 22 Jacksonville, FL City & State 23 32207 USA Zip Country 24 25		2a. Mailing Address 26 1143 Holmesdale Rd. Suite, Apt. #, etc. 27 Jacksonville, FL City & State 28 32207 USA Zip Country 29 30		3. Date Incorporated or Qualified 08/05/1993	
4. FEI Number 59-3195041		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent BRANT MOORE SAPP MACDONALD & WELLS P.A. 50 NORTH LAURA ST. SUITE 3100 JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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	TPVT	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOCK, MARGARETTE E			1.2 NAME			
STREET ADDRESS	3005 FOREST RD.			1.3 STREET ADDRESS	1143 Holmesdale Road		
CITY-ST-ZIP	EUSTIS FL 32726			1.4 CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOCK, JANET E			3.2 NAME			
STREET ADDRESS	%3005 FOREST RD.			3.3 STREET ADDRESS	1143 Holmesdale Road		
CITY-ST-ZIP	EUSTIS FL 32726			3.4 CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUZBEE, MELANIE M			4.2 NAME			
STREET ADDRESS	1225 PALMER TERRACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margarette E. Mock, Trustee 3-12-99 904-306-9087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)