FILED Aug 19 1998 8:00am §

Applied For Not Applicable

\$8.75 Additional

Fee Required

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT CORPORATION ANNUAL REPORT

CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

1998



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	N97000001806	(5)
THE DARROW E COUNT	NATION INO	

THE BARCOLE FOUNDATION, INC. Principal Place of Business Malling Address 11486 N.W. 44TH STREET 11486 N.W. 44TH STREET

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CORAL SPRINGS FL 33065

2a. Mailing Address

Sulte, Apt. #, etc.

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

04/01/1997 4. FEI Number

Sulte, Ap	Suite, Apt. #, etc.			Suite, Apt. #, etc.				6.	Election Campaign Fina	ancing	ູ \$5.00 ເ	May Be	
22				27					Trust Fund Contribution	<u> </u>	Added to	o Fees	
City & St.	ate City & State							7. Is this nonprofit corporation a homeowners association?					
23		28							☐ Yes ☑ No				
Zip		Country	<u></u>	Zlp	—,	intry		8.	8. This corporation owes or has paid the current year Intangible				
24	25 29 30					<u>l</u>			Personal Property Tax due June 30. Yes No				
	9. Name	and Address of Current	Regist	ered Agent		201	<u> </u>	10.	Name and Address of	New Regist	ered Agent		
						81	Name					}	
PARKER, AVA L 112 WEST ADAMS STREET JACKSONVILLE FL 32202						82 Street Address (P.O. Box Number Is Not Acceptable)							
						83							
						84 City - 85 Zip C						Code	
			_			1		FL 63 Zip Coop					
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	=	· · · · · · · · · · · · · · · ·									-	1	
Bigmature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.	OFFICERS AND DIRECTORS				13.	13.			ADDITIONS/CHANGES	TO OFFICER	RS AND DIRECTO		
TITLE	PD			DELETE	1.171	TLE	1	9	4	0	Change	Addition	
NAME		I-MCCREARY, BARBAR	A		1.2 N		1/4	Mela	Nie Hi Mes	reary	n		
STREET ADDRES	ETADDRESS 11486 N.W. 44TH STREET					ACITY-ST-ZIP AC					ee P		
CITY-ST-ZIP	OORAL SPRINGS FL 33085				1.4 0	1.4 CITY-ST-ZIP CO			SDrings, &	<u> 41. 330</u>	65		
TITLE	VD			DELETE	2.1 %	TLE	Z	ク			Change	Addition	
NAME	MCCREAR	ry, tracee a			2.2 N/	ME	12	OBER	CT MASON		•		
STREET ADDRES	11488 N.W. 44TH STREET				2.3 \$1	REET	ADDRESS	INE	Town the Stre	et]	
CITY-ST-ZIP	CORAL SI	Prings Fl 33065			2.4 CI	TY-ST	ZIP Z	Har	1 ta Ga 303	09-39	78		
TITLE	\$D			DELETE	3.1 TI	TLE			- ,		Change	Addition	
NAME	AIKENS, S	SEBRON A		_	3.2 N	ME	j						
STREET ADDRESS	5364 WEE	BB STREET			3.3 ST	REET.	ADDRESS						
CITY-ST-ZIP	GRACEVIL	LE FL 32440			3.4 CF	TY-ST-	ZIP				_	1	
TITLE	TD			DELETE	4.1 TI	TLE					Change	Addition	
NAME	SINGLETO)n, audrey			4.2 N/	ME	1				_ ·	[
STREET ADDRES		AVE V#22			4.3 \$1	REET	ADDRESS					1	
CITY-ST-ZIP	1	ARLES LA 70605			4.4 CI	TY-ST-	ZIP					1	
TITLE	Ó			DELETE	5.1 TI	TLE					Change	Addition	
NAME	DILLARD.	HATTIE			5.2 N	ME	1						
STREET ADDRES	847 COU				5.3 ST	REET	ADDRESS						
CITY-ST-ZIP		IET AL 36759			5.4 CI	TY-ST-	ZIP					1	
TITLE	, , , , , , , , , , , , , , , , , , ,		w	DELETE	6.1 TI						Change	Addition	
NAME	1				6.2 N/	ME]				o.imingo		
STREET ADDRESS	s				6.3 ST	REET	ADORESS					j	
CITY-ST-ZIP	ł					TY-ST-	- 1					ļ	
	cortify that the	information supplied with	his filin	g does not qualify for the				ection 1	19.07(3)(i), Florida Statut	es. I further c	ertify that the infor	mation	
indicated an office	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											l am ppears	

Objection of the Creary of Barbara Coleman McCreary, 8/10/98 Date of Blood of the Creary of the Coleman Date of the Coleman Da