
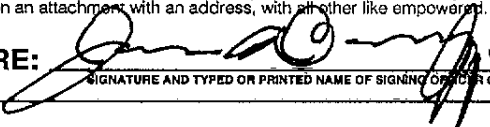


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005281		
1. Entity Name JIM AND ROSEMARIE BARRY FOUNDATION, INC.		
Principal Place of Business 40 SE 5 ST., STE. 600 BOCA RATON, FL 33432		Mailing Address 40 SE 5 ST., STE. 600 BOCA RATON, FL 33432
DO NOT WRITE IN THIS SPACE		
		
01042005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 65-0796702		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARLEN, ROBERT M 110 EAST ATLANTIC AVE STE 330 DELRAY BEACH, FL 33444		DO NOT WRITE IN THIS SPACE
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) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARRY, JAMES A JR. 40 SE 5 ST., STE. 600 BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARRY, JAMES M 40 SE 5 ST., STE. 600 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BARRY, ROSEMARIE 40 SE 5 ST., STE. 600 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARLEN, ROBERT M 110 EAST ATLANTIC AVE STE 330 DELRAY BEACH, FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.		
SIGNATURE: 		JAMES A. BARRY, JR. 3/15/05 561-368-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #