2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005281

1. Entity Name
JIM AND ROSEMARIE BARRY FOUNDATION, INC.

Principal Place of Business	Mailing Address
40 SE 5 ST., STE. 600 BOCA RATON, FL 33432	40 SE 5 ST., STE. 600 BOCA RATON, FL 33432

01122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0796702
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BARRY, JAMES A JR.
STREET ADDRESS	40 SE 5 ST., STE. 600
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DV
NAME	BARRY, JAMES M
STREET ADDRESS	40 SE 5 ST., STE. 600
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DST
NAME	BARRY, ROSEMARIE
STREET ADDRESS	40 SE 5 ST., STE. 600
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DS
NAME	ARLEN, ROBERT M
STREET ADDRESS	110 EAST ATLANTIC AVE STE 330
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06 80011-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James A Barry 03/01/06 561-368-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #