

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006736 (9)

1. Corporation Name

BARNETT HISTORIC PRESERVATION FOUNDATION, INC.



Principal Place of Business 112 West Adams St. JACKSONVILLE FL 32202	Mailing Address 50 NORTH LAURA ST. P.O. Box 1481 JACKSONVILLE FL 32202-1481
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3. Date Incorporated or Qualified 12/03/1997
4. FEI Number 59-3480337
Applied For Not Applicable

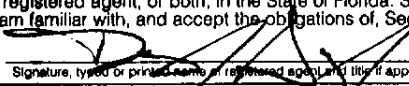
2. Principal Place of Business 21 112 West Adams St. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1481 Suite, Apt. #, etc.
22 City & State 23 Jacksonville FL	2a. City & State 26 Jacksonville FL
24 Zip 32202	2a. Zip 32201-1481
25 Country DUAL	2a. Country DUAL

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GINZL, DAVID J 50 NORTH LAURA ST. JACKSONVILLE FL 32202	
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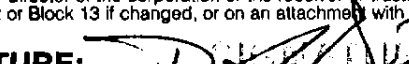
10. Name and Address of New Registered Agent 81 Name David J. Ginzl 82 Street Address (P.O. Box Number is Not Acceptable) 112 West Adams St. 83 84 City Jacksonville FL 85 Zip Code 32202	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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  DATE 3-10-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTINGER, ALLEN L JR	1.2 NAME	DC
STREET ADDRESS	50 NORTH LAURA ST.	1.3 STREET ADDRESS	1145 Campbell Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville FL 32207
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUBOUF, JUDITH S	2.2 NAME	1865 Hickory Lane
STREET ADDRESS	50 NORTH LAURA ST.	2.3 STREET ADDRESS	Atlantic Beach, FL 32233
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	DT
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINZL, DAVID J	3.2 NAME	112 West Adams St.
STREET ADDRESS	50 NORTH LAURA ST.	3.3 STREET ADDRESS	Jacksonville, FL 32202
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	DST
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Roseann Duran
STREET ADDRESS		4.3 STREET ADDRESS	1851 Beach Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	William B. Barnett
STREET ADDRESS		5.3 STREET ADDRESS	3649 Richmond Pl
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Hinton Nobles
STREET ADDRESS		6.3 STREET ADDRESS	50 North Laura St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville FL 32202

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.

SIGNATURE:  DATE 3-10-98 (904) 353-6070

CR2E037 (1097)