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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

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1. Corporation Name

BARNETT HISTORIC PRESERVATION FOUNDATION, INC.

Principal Place of Business

112 W ADAMS ST  
JACKSONVILLE FL 32202  
US

Mailing Address

P O BOX 1481  
JACKSONVILLE FL 32201-1481  
US



2. Principal Place of Business

21 118 W. Adams St.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite 510

27 Suite, Apt. #, etc.

23 City & State

Jacksonville FL

28 City & State

24 Zip

32202

25 Country

DUAL

29 Zip

30 Country

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

59-3480337

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GIMZL, DAVID J  
~~112 W ADAMS ST~~  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

118 W Adams St

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]* President

Jan 26, 1999

DATE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DC  
STREET ADDRESS LASTINGER, ALLEN L JR  
CITY-ST-ZIP 1145 CAMPBELL AVE  
JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BEAUBOUF, JUDITH S  
CITY-ST-ZIP 1865 HICKORY LN  
ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS GINZL, DAVID J  
CITY-ST-ZIP 112 W ADAMS ST  
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS DURAN, ROSEANN  
CITY-ST-ZIP 1851 BE ACH AVE  
ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BARNETT, WILLIAM B  
CITY-ST-ZIP 3649 RICHMOND  
JACKSONVILLE FL 32205

TITLE ☒ DELETE

NAME D  
STREET ADDRESS HINTON, NOBLES  
CITY-ST-ZIP 50 N LAURA ST  
JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D Kennedy, Roland  
1.3 STREET ADDRESS 10122 Courtyards Place W.  
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D Cannon, John  
2.3 STREET ADDRESS 322 Eunice Drive  
2.4 CITY-ST-ZIP Lakeland, Florida 33803

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DP Ginzl, David J.  
3.3 STREET ADDRESS 118 W. Adam St.  
3.4 CITY-ST-ZIP Jacksonville, FL 32202

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE REQUIRED

Jan 26, 1999 (904) 353-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)