## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90341 028 \*\*\*\*61.25 DOCUMENT # N98000005650 1. Entity Name BARCO FAMILY FOUNDATION, INC. 40049447 Principal Place of Business Mailing Address **7587 WILSON BOULEVARD 7587 WILSON BOULEVARD** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-3571591 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARCO, BARRY R 7587 WILSON BLVD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32210 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE A) Change ☐ Addition BARCO, CHARLES K NAME NAME Balco, Charles K STREET ADDRESS 7587 WILSON BOULEVARD STREET ADDRESS 7587 WILSME CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TACKSONYIL 2210 Delete TITLE TITLE Change Addition BARCO JOSSIM NAME BARCO, KATHY L MAME **兴**ስተዛን STREET ADDRESS 7587 WILSON BOULEVARD STREET ADDRESS JILSON BLYD 7<u>587</u> CITY-ST-7(P JACKSONVILLE, FL 32210 CITY-ST-ZIP 32210 TITLE PD ☐ Detete TITLE BARCO, BARRY R NAME NAME BARKY STREET ADDRESS 7587 WILSON BLVD. STREET ADDRESS 87 WILSON BL CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP 32210 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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 c

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGN SIGNATURE:  $\alpha$ XX

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City-St-Zip

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TITLE

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☐ Change

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**FILED**