

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90019 021 ****70.00

DOCUMENT # 711458

1. Entity Name
BARRY UNIVERSITY, INC.



40104580

Principal Place of Business
**11300 N.E. SECOND AVENUE
MIAMI, FL 33161**

Mailing Address
**11300 N.E. SECOND AVENUE
MIAMI, FL 33161**



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0624364

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEVILACQUA, SISTER LINDA
11300 NE SECOND AVE
MIAMI, FL 33161**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S**
NAME **FREI, JOHN KAREN SISTER**
STREET ADDRESS **11300 NE SECOND AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **V**
NAME **PETERSON, LINDA**
STREET ADDRESS **11300 NE 2ND AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **T**
NAME **CZERNIEC, TIMOTHY H**
STREET ADDRESS **11300 NE SECOND AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D**
NAME **[REDACTED]**
STREET ADDRESS **11300 NE SECOND AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **D**
NAME **HEFFERNAN, WILLIAM**
STREET ADDRESS **11300 NE SECOND AVE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **PD**
NAME **BEVILACQUA, SISTER LINDA**
STREET ADDRESS **11300 NE SECOND AVE**
CITY-ST-ZIP **MIAMI, FL**

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY H CZERNIEC

Date

4/23/08 305 899 3050

Daytime Phone #