2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2009
Secretary of State

DOCUMENT# N97000004343

Entity Name: BARNABAS CHRISTIAN ACADEMY, INCORPORATED

Current Principal Place of Business:

1120 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1120 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0776477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARTAL, CYNTHIA L MRS.
1120 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DV	( ) Delete
Name:	BARTAL, SCOTT E MR.	
Address:	1132 SW GREENBRIAR COVE	
City-St-Zip:	PORT ST LUCIE, FL 34986	
Title:	D	( ) Delete
Name:	TOMASZEWSKI, MARK D MR.	
Address:	801 SW DUNCAN TERRACE	
City-St-Zip:	PORT ST LUCIE, FL 34953	
Title:	DS/T	( ) Delete
Name:	TOMASZEWSKI, CYNTHIA L MRS.	
Address:	801 SW DUNCAN TERRACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	DP	( ) Delete
Name:	BARTAL, CYNTHIA L MRS	
Address:	1132 SW GREENBRIAR COVE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	D/CH	( ) Delete
Name:	BUCHANAN, DOUGLAS R PASTOR	
Address:	1634 SE CLEARMONT STREET	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	D	( ) Delete
Name:	SHENNING, JOHN MR.	
Address:	2164 SW MONTERREY LANE	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA TOMASZEWSKI DS/T 07/21/2009
Electronic Signature of Signing Officer or Director — Date