

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711458

Entity Name: BARRY UNIVERSITY, INC.**Current Principal Place of Business:**11300 N.E. SECOND AVENUE
ROOM 105 FARRELL HALL
MIAMI, FL 33161**Current Mailing Address:**11300 N.E. SECOND AVENUE
ROOM 105, FARRELL HALL
MIAMI, FL 33161**FEI Number:** 59-0624364**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**D. BRUCE EDWARDS
11300 NE SECOND AVE
MIAMI, FL 33161 US*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**Officer/Director Detail :**

Title	S
Name	DUDGEON, DAVID
Address	11300 NE SECOND AVE
City-State-Zip:	MIAMI FL 33161

Title	V
Name	PETERSON, LINDA
Address	11300 NE 2ND AVE
City-State-Zip:	MIAMI FL 33161

Title	T
Name	EDWARDS, BRUCE D.
Address	11300 NE SECOND AVE
City-State-Zip:	MIAMI FL 33161

Title	D
Name	HEFFERNAN, WILLIAM
Address	11300 NE SECOND AVE
City-State-Zip:	MIAMI FL 33161

Title	PD
Name	BEVILACQUA, SISTER LINDA
Address	11300 NE SECOND AVE
City-State-Zip:	MIAMI FL 33161

I hereby 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 all other like empowered.

SIGNATURE: D. BRUCE EDWARDS**TREASURER****04/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date