

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004343

Entity Name: BARNABAS CHRISTIAN ACADEMY, INCORPORATED**Current Principal Place of Business:**1120 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953**Current Mailing Address:**1120 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953**FEI Number:** 65-0776477**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARTAL, CYNTHIA LMRS.
1132 SW GREENBRIAR COVE
PORT ST. LUCIE, FL 34986 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 DIRECTOR
Name BARTAL, SCOTT
Address 1132 SW GREENBRIAR COVE
City-State-Zip: PORT ST LUCIE FL 34986

Title VC
Name BARTAL, CYNTHIA L
Address 1132 SW GREENBRIAR COVE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR
Name BUCHANAN, DOUGLAS R PASTOR
Address 1634 SE CLEARMONT STREET
City-State-Zip: PORT SAINT LUCIE FL 34952

Title SECRETARY
Name YERKES, MARY L
Address 3862 SW RIDLEY STREET
City-State-Zip: PORT ST. LUCIE FL 34953

Title CHAIRMAN
Name HARRIS, JOSHUA
Address 3562 SW VOLLMER STREET
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR
Name WYLER, JERRILL
Address 1279 SW PATRICIA
City-State-Zip: PORT ST. LUCIE FL 34953

Title TREASURER
Name TOMASZEWSKI, CYNTHIA L
Address 801 SW DUCNCAN TERRACE
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR
Name PAIR, LINNEA
Address 466 SW NAMOIT PLACE
City-State-Zip: PORT ST. LUCIE FL 34953

Continues on page 2

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: CYNTHIA TOMASZEWSKI**TREASURER****03/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KORATICH, VALERIE M
Address 1301 SW GASTADOR AVENUE
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIRECTOR
Name CAMPBELL, ROBIN
Address PO BOX 3839
City-State-Zip: TEQUESTA FL 33569