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

## FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90341 015 \*\*\*\*61.25

DOCUMENT # 707366  1. Entity Name ST BARNABAS CHURCH						04-28-2008	90341 0.	13 01	.23
01011110001101111101100		Address WISCONSIN AVEN D, FL 32720	IVE			84312 	III AIBN BISH BI	IF BIBIN BITIF BIBIN	
2. Principal Place of Business - No P.O. Box #	3. Mailin	g Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	03132008	Chg-NP	CR2E03	7 (12/06)	_
City & State City & State		& State			4. FEI Numbe 59-102			Not	plied For t Applicable
Zip Country	Zip		Cou	untry	5. Certificate	of Status Desired		\$8.75 Addi Fee Required	itional
6. Name and Address of Currer	nt Registered	Agent		Nome	7. Name and	Address of New	Registered A	Agent	
MOOTY, ROSS				Name					_
23 N. UNIVERSITY CIRCLE DELAND, FL 32724				Street Addre	ss (P.O. Box Numbe	er is Not Acceptab	ele) 		
				Cinc				7:- Cada	
				City			FL	Zip Code	•
The above named entity submits this statement the obligations of registered agent.	t for the purpor	se of changing its	register	ed office or regi	istered agent, or bo	th, in the State of F	florida. Lami	familiar with,	and accept
SIGNATURE				- <del></del>			·		
Signature, typed or printed name of registered age	ent and little if applic	able. (NOTE	: Registere	ed Agent signature rec	quired when reinstating)		DATE		
Filling Fee is \$61.25 Due by May 1, 2008	ent and little if applic	9. Election Carr Trust Fund C	paign f	Financing	\$5.00 May E Added to Fees		Make check		
Filing Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND I		9. Election Carr Trust Fund C	paign fontribut	Financing tion.	\$5.00 May E Added to Fees		Make checi orida Depar	tment of St	ate.
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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.

S	IG.	N	Δ٦	ΓL.	IR	F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(386)734-1814