

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90013 027 ****70.00



DOCUMENT # 711458

1. Entity Name

BARRY UNIVERSITY, INC.

Principal Place of Business

**11300 N.E. SECOND AVENUE
 MIAMI FL 33161**

Mailing Address

**11300 N.E. SECOND AVENUE
 MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E037 (11/03)

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

**O'LAUGHLIN, JEANNE SISTER
 11300 NE SECOND AVE
 MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FREI, JOHN KAREN SISTER | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LEE, J PATRICK | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CZERNIEC, TIMOTHY H | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PANTIN, LESLIE | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LANDON, KIRK R. | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | O'LAUGHLIN, JEANNE SISTER | |
| STREET ADDRESS | 11300 NE SECOND AVE | |
| CITY - ST - ZIP | MIAMI FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Timothy H. Czerniec

2/12/04

(305) 8993050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
711458
44014024

Edward P. Swan, Esq;
Sister Sharon Weber, OP
Barbara Weintraub

*ex-officio

Attachment
711458
44014024

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