


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

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90019 021 \*\*\*\*70.00

|  |   |
|--|---|
| <b>DOCUMENT # 711458</b><br>1. Entity Name<br>BARRY UNIVERSITY, INC. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>11300 N.E. SECOND AVENUE<br>MIAMI, FL 33161 | Mailing Address<br>11300 N.E. SECOND AVENUE<br>MIAMI, FL 33161 |
|--|--|

**DO NOT WRITE IN THIS SPACE**

40104580



04232008 No Chg-NP CR2E037 (4/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>59-0624364  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

BEVILACQUA, SISTER LINDA  
 11300 NE SECOND AVE  
 MIAMI, FL 33161

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FREI, JOHN KAREN SISTER<br>11300 NE SECOND AVE<br>MIAMI, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PETERSON, LINDA<br>11300 NE 2ND AVE<br>MIAMI, FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CZERNIEC, TIMOTHY H<br>11300 NE SECOND AVE<br>MIAMI, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>██████████<br>██████████<br>MIAMI, FL                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HEFFERNAN, WILLIAM<br>11300 NE SECOND AVE<br>MIAMI, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BEVILACQUA, SISTER LINDA<br>11300 NE SECOND AVE<br>MIAMI, FL |

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:  **TIMOTHY H CZERNIEC** 4/23/08 305 899 3050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #