

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711458

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: BARRY UNIVERSITY, INC.

**Current Principal Place of Business:**

11300 N.E. SECOND AVENUE  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

11300 N.E. SECOND AVENUE  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 59-0624364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JOHN A. WALKER  
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: JOHN A. WALKER

03/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: FREI, JOHN KAREN SISTER  
Address: 11300 NE SECOND AVE  
City-St-Zip: MIAMI, FL

Title: V      ( ) Delete  
Name: PETERSON, LINDA  
Address: 11300 NE 2ND AVE  
City-St-Zip: MIAMI, FL

Title: T      ( ) Delete  
Name: CZERNIEC, TIMOTHY H  
Address: 11300 NE SECOND AVE  
City-St-Zip: MIAMI, FL

Title: D      ( ) Delete  
Name: HEFFERNAN, WILLIAM  
Address: 11300 NE SECOND AVE  
City-St-Zip: MIAMI, FL

Title: PD      ( ) Delete  
Name: BEVILACQUA, SISTER LINDA  
Address: 11300 NE SECOND AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: WALKER, JOHN  
Address: 11300 NE SECOND AVE  
City-St-Zip: MIAMI, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: EDWARDS, BRUCE D.  
Address: 11300 NE SECOND AVE  
City-St-Zip: MIAMI, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN A. WALKER

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date