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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754356

1. Corporation Name

BARNABAS MINISTRIES, INC.

Principal Place of Business

Mailing Address

405 N HAWTHORNE CIRCLE (WINTER SPR. 32708)
 P O BOX 1200
 MAITLAND FL 32751

405 N HAWTHORNE CIRCLE (WINTER SPR. 32708)
 P O BOX 1200
 MAITLAND FL 32751



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2038525	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30		

9. Name and Address of Current Registered Agent

WEEKS, PHILIP E.
 405 N. HAWTHORN CR.
 WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROGER E	1.2 NAME	
STREET ADDRESS	127 ROSE BRIAR DRIVE	1.3 STREET ADDRESS	520 SAN MARINO DR
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	LADY LAKE FL 32159
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPH	2.2 NAME	
STREET ADDRESS	4 SANDY COVE RD., RIVER HILLS	2.3 STREET ADDRESS	LAKE WYLIE, SC 29710
CITY-ST-ZIP	LAKE WYLIE S.	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, JUNE S	3.2 NAME	
STREET ADDRESS	405 N. HAWTHORN CR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	32708
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWER, DAN	4.2 NAME	
STREET ADDRESS	1889 BERKELEY CT.	4.3 STREET ADDRESS	2424 DUNCAN DR
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, DAVID H K	5.2 NAME	
STREET ADDRESS	11219 TAFT AVE	5.3 STREET ADDRESS	ROBERT D. RIEFFEL
CITY-ST-ZIP	SEFNER FL	5.4 CITY-ST-ZIP	3028 NE 52ND DR
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLY, REV'D GENE	6.2 NAME	
STREET ADDRESS	P.O BOX 487 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	6.4 CITY-ST-ZIP	32920

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNEIGNATURE REQUIRED Weeks 2/22/99 407-695-0468
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)