2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
02-07-2000 90042 032 ****61.25

DOCUMENT # 754356

1. Entity Name

BARNABAS MINISTRIES, INC.

Principal Place of Business	Mailing Address
405 N HAWTHORNE CIR. P O BOX 1200 MAITLAND FL 32751	405 N HAWTHORNE CIR. P O BOX 1200 MAITLAND FL 32751

2. Principal Place of Business	3. Mailing Address
405 N Hawthorn Cir	POBox 941200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER SPRINGS FL	City & State: MAITLAND FL
Zip: 32708 Country: Seminole	Zip: 32794-1200 Country: ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2038525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEEKS, PHILIP E. 405 N. HAWTHORN CR. WINTER SPRINGS FL 32708	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.

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	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ROGER E 520 SAN MARINO DR LADY LAKE FL 32159	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D SMITH, JOSEPH 4 SANDY COVE RD., RIVER HILLS LAKE WYLIE SC 29710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST D WEEKS, JUNE S 405 N. HAWTHORN CR. WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROWER, DAN 2424 DUNCAN DR NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D RIEFFEL, ROBERT D 3028 NE 52ND DR OKEECHOBEE FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LILLY, REV'D GENE P.O BOX 487 N/A CAPE CANAVERAL FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

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 11 above, if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: SIGNATURE REQUIRED _____ 2/1/00 407-695-0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #