

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754356

1. Entity Name

BARNABAS MINISTRIES, INC.

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90025 030 ****61.25

Principal Place of Business

Mailing Address

405 N HAWTHORNE CIR.
P O BOX 1200
MAITLAND FL 32751

PO BOX 941200
MAITLAND FL 32794-1200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER SPRINGS FL

4. FEI Number

59-2038525

Applied For

Not Applicable

Zip

Country

Zip

Country

32708

SEMINOLE

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 PD
NAME SMITH, JOSEPH
STREET ADDRESS 4 SANDY COVE RD., RIVER HILLS
CITY-ST-ZIP LAKE WYLIE SC 29710 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME WEEKS, JUNE S
STREET ADDRESS 405 N. HAWTHORN CR.
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RIEFFEL, ROBERT D
STREET ADDRESS 3028 NE 52ND DR
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME PHILIP E. WEEKS
STREET ADDRESS 405 N HAWTHORN CIR
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME THOMAS ISRAEL
STREET ADDRESS 616 GEORGETOWN DR
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: JUNE S WEEKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 4076950468
Date Daytime Phone #

CR2E037 (9/01)