

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754356

FILED
Jan 23, 2007
Secretary of State

Entity Name: BARNABAS MINISTRIES, INC.

Current Principal Place of Business:

1504 WHEELER ROAD
APOPKA, FL 32703

New Principal Place of Business:

3028 NE 52ND DRIVE
OKEECHOBEE, FL 34872

Current Mailing Address:

1504 WHEELER ROAD
APOPKA, FL 32703

New Mailing Address:

3028 NE 52ND DRIVE
OKEECHOBEE, FL 34872

FEI Number: 59-2038525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, BRUCE J FATHER
1504 WHEELER ROAD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

RIEFFEL, ROBERT D MR
3028 NE 52ND DRIVE
OKEECHOBEE, FL 34872 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: ROBERT D. RIEFFEL

01/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMPSON, BRUCE J FATHER
Address: 1504 WHEELER RD
City-St-Zip: APOPKA, FL 32703 US

Title: STD () Delete
Name: WEEKS, JUNE S MRS
Address: 208 LEEWOOD DRIVE
City-St-Zip: LYNCHBURG, VA 24503 US

Title: VD () Delete
Name: RIEFFEL, ROBERT D MR
Address: 3028 NE 52ND DR
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: PD () Delete
Name: WEEKS, PHILIP E BISHOP
Address: 208 LEEWOOD DRIVE
City-St-Zip: LYNCHBURG, VA 24503 US

Title: D () Delete
Name: ISRAEL, THOMAS MR
Address: 13 HILL ST
City-St-Zip: PHOENIXVILLE, PA 19460 US

Title: D (X) Delete
Name: BARRY, JAMES FATHER
Address: 888 ROYAL PALM
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEEKS, PHILIP E BISHOP
Address: 208 LEEWOOD DRIVE
City-St-Zip: LYNCHBURG, VA 24503 US

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

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

Title: D (X) Change () Addition
Name: TORRES, PETER MR
Address: 8297 CHAMPIONS GATE BLVD SUITE 319
City-St-Zip: CHAMPIONS GATE, FL 33896 US

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 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: PHILIP E. WEEKS

PD

01/23/2007

Electronic Signature of Signing Officer or Director

Date