2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#754356

FILED Jan 08, 2009 Secretary of State

Entity Name: BARNABAS MINISTRIES, INC.

Littly Nai	IIIE. DARNAD	AS MINISTRIES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	2ND DRIVE DBEE, FL 348	72			
Current Mailing Address:			New Mailing Address:		
	2ND DRIVE DBEE, FL 348	72			
FEI Number:	: 59-2038525	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
3028 NE 5 OKEECHO The above	ROBERT D MI 2ND DRIVE DBEE, FL 348: named entity set of Florida.	72 US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR		nic Signature of Registered Ag	ont	Data	
OFFICER				Date	
OFFICER	S AND DIREC	IURS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () WEEKS, PHILII 208 LEEWOOD LYNCHBURG, V	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () WEEKS, JUNE 208 LEEWOOD LYNCHBURG, V	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () RIEFFEL, ROB 3028 NE 52ND OKEECHOBEE	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TORRES, PETE 8297 CHAMPIO	Delete ER MR DNS GATE BLVD SUITE 319 ATE, FL 33896 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ISRAEL, THOM 13 HILL ST	Delete AS MR E, PA 19460 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PHILIP E. WEEKS PD 01/08/2009