

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 754356**

**FILED  
Jan 03, 2011  
Secretary of State**

**Entity Name:** BARNABAS MINISTRIES, INC.

**Current Principal Place of Business:**

3028 NE 52ND DRIVE  
OKEECHOBEE, FL 34872

**New Principal Place of Business:**

**Current Mailing Address:**

3028 NE 52ND DRIVE  
OKEECHOBEE, FL 34872

**New Mailing Address:**

**FEI Number:** 59-2038525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

**Title:** D  
**Name:** JOHNSON, NORM REV  
**Address:** 10545 YORK LANE  
**City-St-Zip:** LYNCHBURG, VA 24503 US

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

**Title:** D  
**Name:** TORRES, PETER MR  
**Address:** 8297 CHAMPIONS GATE BLVD SUITE 319  
**City-St-Zip:** CHAMPIONS GATE, FL 33896 US

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

**Title:** S/T  
**Name:** WILSON, CHARLOTTE W MRS.  
**Address:** 2070 CIFAX ROAD  
**City-St-Zip:** GOODE, VA 24556

I hereby 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 all other like empowered.

**SIGNATURE:** PHILIP E. WEEKS

PD

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date