

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002145

FILED
Feb 23, 2009
Secretary of State

Entity Name: KENNITH & HELENA BARRINGTON MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

6245 HINES HILL CIRCLE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

6245 HINES HILL CIRCLE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 04-3591206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POOLE, ANGELA M
118 SALEM COURTBRIDGE RD.
SUITE A
TALLAHASSEE, FL 32301 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: PC () Delete
Name: BARRINGTON, MALCOLM K
Address: 6245 HINES HILL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: CEO () Delete
Name: BARRINGTON, HELENA
Address: 6245 HINES HILL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: BROWN, SHERWOOD
Address: 7804 PRESERVATION RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: ALBERTSON, RICHARD
Address: P.O. BOX 13831
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: SPENCER, WILLIAM
Address: 475 CANYON OAKS DR.
City-St-Zip: OAKLAND, CA 94605

Title: D () Delete
Name: ROSIER, DAVID
Address: P.O. BOX 5845
City-St-Zip: PANAMA CITY, FL 323145845

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: HELENA BARRINGTON

CEO

02/23/2009

Electronic Signature of Signing Officer or Director

Date