2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003899

Entity Name: FRIENDS OF BARNABAS, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
812 EAGLE POINT DR ST AUGUSTINE, FL 32092				7740 SOUTHSIDE BLVD. 2502 JACKSONVILLE, FL 32256			
Current Mailing Address:				New Mailing Address:			
812 EAGLE POINT DR ST AUGUSTINE, FL 32092				7740 SOUTHSIDE BLVD. 2502 JACKSONVILLE, FL 32256			
FEI Number:	20-1981759	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable()	Certificate of Status Desi	red ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CORBETT, HARRY J 812 EAGLE POINT DR ST AUGUSTINE, FL 32092 US				CORBETT, HARRY J 7740 SOUTHSIDE BLVD. 2502 JACKSONVILLE, FL 32256 US			
The above in the State		ubmits this statement for the pu	irpose o	f changing i	ts registered of	fice or registered agen	t, or both,
SIGNATURE: HARRY J CORBETT				04/28/2006			
Electronic Signature of Registered Agent						Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ED () CORBETT, HAR 812 EAGLE PO ST AUGUSTINE	NT DR		Title: Name: Address: City-St-Zip:	ED (X) CORBETT, HAR 7740 SOUTHSIE JACKSONVILLE	DE BLVD., 2502	
Title: Name: Address: City-St-Zip:	D () MAYNARD, TIM 501 SR 13 JACKSONVILLE			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	HALL, STEVE	Delete DOWS RD STE 11 E, FL 32217		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SHARRON, DEF	INDUSTRIAL BLVD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () HEEN, SHERYL 3468 INDIAN CI JACKSONVILLE	REEK BLVD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () DERRICK, CHA 557 N BRIDGES JACKSONVILLE	STONE AVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: HARRY J CORBETT ED 04/28/2006