

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003899

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: FRIENDS OF BARNABAS, INC.

**Current Principal Place of Business:**

177 SAINT JOHNS FOREST BLVD.  
SAINT JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

177 SAINT JOHNS FOREST BLVD.  
SAINT JOHNS, FL 32259

**New Mailing Address:**

FEI Number: 20-1981759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORBETT, HARRY J  
177 SAINT JOHNS FOREST BLVD.  
SAINT JOHNS, FL 32259 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: ED ( ) Delete  
Name: CORBETT, HARRY J  
Address: 177 SAINT JOHNS FOREST BLVD.  
City-St-Zip: SAINT JOHNS, FL 32259

Title: D ( ) Delete  
Name: MAYNARD, TIM  
Address: 501 SR 13  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: HALL, STEVE  
Address: 4241 BAYMEADOWS RD STE 11  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: SHARRON, DERICK  
Address: 6900 PHILLIPS INDUSTRIAL BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: DIANGELO, ROBERT  
Address: 262 EDGEWATER BRANCH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: DERRICK, CHARLES  
Address: 557 N BRIDGESTONE AVE  
City-St-Zip: JACKSONVILLE, FL 32259

**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  
Name:  
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: HARRY J CORBETT

ED

03/20/2009

Electronic Signature of Signing Officer or Director

Date