

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002653

FILED
Mar 17, 2006
Secretary of State

Entity Name: THE ADA J. BARNES EDUCATIONAL FUND. INC.

Current Principal Place of Business:

2351 N.W. 196ST
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2351 N.W. 196ST
MIAMI, FL 33056

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAY, JOHN L JR
2351 N.W. 196ST
MIAMI, FL 33056 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: DP () Delete
Name: BARNES, ADA J
Address: 2351 N.W. 196ST
City-St-Zip: MIAMI, FL 33056

Title: DV () Delete
Name: GAY, ARVIE N
Address: 2351 N.W. 196ST
City-St-Zip: MIAMI, FL 33056

Title: DS () Delete
Name: JOHNSON, LESTOR N
Address: 2351 N.W. 196ST
City-St-Zip: MIAMI, FL 33056

Title: DT () Delete
Name: GAY, JOHN L JR
Address: 2351 N.W. 196ST
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: TAYLOR, BEVERLY C JR
Address: 2351 N.W. 196ST
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: GREER, LELIA D
Address: 2351 N.W. 196ST
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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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: ADA J BARNES

DP

03/17/2006

Electronic Signature of Signing Officer or Director

Date