

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000961

FILED  
Feb 13, 2008  
Secretary of State

Entity Name: ST. BARNABAS EPISCOPAL SCHOOL, INC.

## Current Principal Place of Business:

322 W. MICHIGAN AVE.  
DELAND, FL 32720

## New Principal Place of Business:

## Current Mailing Address:

322 W. MICHIGAN AVE.  
DELAND, FL 32720

## New Mailing Address:

FEI Number: 59-3586081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYON, W. DONALD  
319 W WISCONSIN AVE  
DELAND, FL 32720 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: P ( ) Delete  
Name: WHALEN, DON  
Address: 109 W RICH AVE  
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete  
Name: KEMP, MAUREEN  
Address: 319 W MINNESOTA AVE  
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete  
Name: SMITH, GEORGE  
Address: 133 E INDIANA AVE  
City-St-Zip: DELAND, FL 32724

Title: S ( ) Delete  
Name: GREER, CHUCK  
Address: 860 E PENNSYLVANIA AVE  
City-St-Zip: DELAND, FL 32724

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GREER, CHUCK  
Address: 860 E. PENNSYLVANIA AVENUE  
City-St-Zip: DELAND, FL 32724

Title: VP (X) Change ( ) Addition  
Name: KEMP, MAUREEN  
Address: 319 W. MINNESOTA AVE  
City-St-Zip: DELAND, FL 32720

Title: T (X) Change ( ) Addition  
Name: SMITH, GEORGE  
Address: 133 E. INDIANA AVE  
City-St-Zip: DELAND, FL 32724

Title: S (X) Change ( ) Addition  
Name: RYMER, HOYLE  
Address: 5238 STATE ROAD 11  
City-St-Zip: DELEON SPRINGS, FL 32130

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: MARTHA C. POLICKE

OM

02/13/2008

Electronic Signature of Signing Officer or Director

Date