2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N99000000961

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: GREER, CHUCK
Address: 860 E. PENNSYLVANIA AVENUE
City-St-Zip: DELAND, FL 32724

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: RYMER, HOYLE
Address: 5238 STATE ROAD 11
City-St-Zip: DELEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MAUREEN KEMP P 02/20/2009

Electronic Signature of Signing Officer or Director — Date