

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005017

Entity Name: BARNABAS INTERNATIONAL, INC.

FILED
Aug 03, 2004
Secretary of State

Current Principal Place of Business:

6850 BELFORT OAKS PL
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6850 BELFORT OAKS PL
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3602867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, PATRICK D
2065 HERSCHEL ST.
JACKSONVILLE, FL 32204 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: D () Delete
Name: HICKOX, JOANNE
Address: 2065 HERSCHEL ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HAUG, JAY
Address: 814 A HWY A1A NORHT, STE 100
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MOORE, SHELLEY
Address: 1918 EASTERN DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: ADAMEC, HELEN
Address: 3446 PALM ISLAND RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD () Delete
Name: WHITE, STACEY
Address: 3632 JAMESTOWN LANE
City-St-Zip: JACKSONVILLE, FL 32223

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANNE HICKOX

D

08/03/2004

Electronic Signature of Signing Officer or Director

Date