

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005017

FILED  
Jan 24, 2006  
Secretary of State

Entity Name: BARNABAS INTERNATIONAL, INC.

## Current Principal Place of Business:

6850 BELFORT OAKS PL  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

1120 HIDEAWAY DR. N.  
JACKSONVILLE, FL 32259

## Current Mailing Address:

6850 BELFORT OAKS PL  
JACKSONVILLE, FL 32216

## New Mailing Address:

450-106 STATE ROAD 13 N. #185  
JACKSONVILLE, FL 32259-386

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  
800 WEST MONROE STREET  
JACKSONVILLE, FL 32202 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: 800 WEST MONROE STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: D ( ) Delete  
Name: MOORE, SHELLEY  
Address: 610 FLORIDA BLVD.  
City-St-Zip: NEPTUNE BEACH, FL 32266

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: D ( ) Change (X) Addition  
Name: FERRELLI, PAM  
Address: 8925 WESTERN WAY, SUITE 15  
City-St-Zip: JACKSONVILLE, FL 32256

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: JOANNE HICKOX

D

01/24/2006

Electronic Signature of Signing Officer or Director

Date