

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005017

FILED
May 17, 2008
Secretary of State

Entity Name: BARNABAS INTERNATIONAL, INC.

Current Principal Place of Business:

1120 HIDEAWAY DR. N.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3602867 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: SD () Delete
Name: WHITE, STACEY
Address: 7825 BAYMEADOWS WAY SUITE 300B
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: FERRELLI, PAM
Address: 8925 WESTERN WAY, SUITE 15
City-St-Zip: JACKSONVILLE, FL 32256

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: () 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: JOANNE HICKOX

MS.

05/17/2008

Electronic Signature of Signing Officer or Director

Date