

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90131 035 ****61.25

DOCUMENT # N99000005017

1. Entity Name

BARNABAS INTERNATIONAL, INC.



Principal Place of Business

**1211 CAMPBELL AVE.
JACKSONVILLE FL 32207**

Mailing Address

**1211 CAMPBELL AVE.
JACKSONVILLE FL 32207**

2. Principal Place of Business

6850 Belfort Oaks Pl.

3. Mailing Address

6850 Belfort Oaks Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville, FL

4. FEI Number

59-3602867

Applied For

Not Applicable

Zip

Country

Duval

Zip

Country

Duval

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, PATRICK D
2065 HERSCHEL ST.
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HICKOX, JOANNE**
STREET ADDRESS **2065 HERSCHEL ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
NAME **HAUG, JAY**
STREET ADDRESS **814 A HWY A1A NORHT, STE 100**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Delete
NAME **MOORE, SHELLEY**
STREET ADDRESS **1918 EASTERN DR.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete
NAME **ADAMEC, HELEN**
STREET ADDRESS **3446 PALM ISLAND RD**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **SD** ☐ Delete
NAME **WHITE, STACEY**
STREET ADDRESS **3632 JAMESTOWN LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

Jan 103

904-509-4784

CR2E037 (10/02)