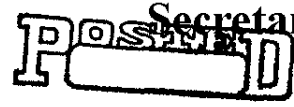


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State



DOCUMENT # 737565
 1. Entity Name
CHRISTIAN PRISON MINISTRY, INC.

Principal Place of Business Mailing Address
 2011 MERCY DR 2011 MERCY DR
 ORLANDO, FL 32808 US ORLANDO, FL 32808 US

DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)
 4. FEI Number Applied For
 59-1711323 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 COSTANTINO, FRANK
 2011 MERCY DRIVE
 ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCMURTRY, GRADY
STREET ADDRESS	4698 HALL ROAD
CITY-ST-ZIP	ORLANDO, FL 32817,
TITLE	D
NAME	BROWN, DON
STREET ADDRESS	6325 WHIP-O-WILL LANE
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	D
NAME	COSTANTINO, FRANK
STREET ADDRESS	2011 MERCY DR.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	HARRISON, BEN
STREET ADDRESS	PO BOX 279
CITY-ST-ZIP	BRYSON CITY, NC 28713
TITLE	D
NAME	POITRAS, EDWARD
STREET ADDRESS	27 LAKE HAMILTON BEACH
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D
NAME	COSTANTIN-BROWN, LORI
STREET ADDRESS	2011 MERCY DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808

U00000200056
 01/28/05-80011-020 61.25

DO NOT WRITE IN THIS SPACE

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: Lori Costantino-Brown 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #