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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

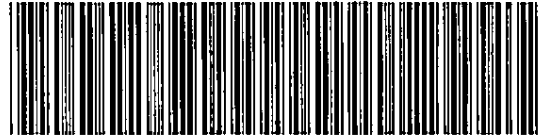
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA

S. HAWKES  
NOV - 8 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Saints Prison Ministry Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Karen Brown

\_\_\_\_\_  
Name of Person

Saints Prison Ministry Inc.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
2407A Fostertown Road

\_\_\_\_\_  
Address

Hainesport, NJ 08036

\_\_\_\_\_  
City/State and Zip Code

kbrown@saintsprisonministry.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Brown

609

845-3197

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. Saints Prison Ministry Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)  
Not applicable  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-2907709  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/24/1988 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 10/2003  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2407A Fostertown Road, Hainesport, NJ 08036  
(Principal office street address)

P.O. Box 681, Moorestown, NJ 08057  
(Current mailing address, if different)

8. To minister to the spiritual needs of prisoners in local, county, state and federal prisons through activities and literature.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Paul Yoast  
Office Address: 3620 Needles Drive  
Orlando, Florida 32810  
(City) (Zip Code)

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2021 NOV -3 PM 4: 51  
CORPORATE DIVISION OF STATE  
TREASURY DEPT. OF REVENUE  
TALLAHASSEE, FL

10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Paul Yoast  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Jeff Marthins  
 Vice Chairman Address: 25 Chrissy Way  
 Director Sicklerville, NJ 08081  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: David Kammeyer  
 Vice Chairman Address: 14 Woodgate Drive  
 Director Shamong, NJ 08088  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

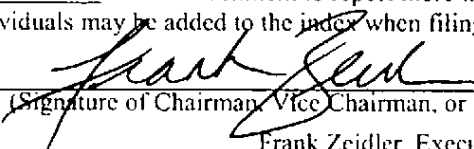
Chairman Name: Robert Bartosz  
 Vice Chairman Address: 20 Haines Drive  
 Director Sewell, NJ 08080  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Frank Zeidler  
 Vice Chairman Address: 530 Willow Dell Drive  
 Director Senoia, GA 30276  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: Exec. Director  Other: \_\_\_\_\_

Chairman Name: David Crozier  
 Vice Chairman Address: 116 Brentwood Drive  
 Director Cherry Hill, NJ 08034  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Jimmy Cochran  
 Vice Chairman Address: 322 Stone Valley Xing  
 Director Canton, GA 30114  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Frank Zeidler, Executive Director  
(Typed or printed name and capacity of person signing application)

## Saints Prison Ministry Inc.

Attachment to Application by Foreign Not For Profit Corporation for Authorization to Conduct  
Its Affairs in Florida.

**12. Continued... For initial indexing purposes, list names, titles and addresses of the primary officers  
and/or directors.**

Name: John Ackley Sr	Title: Director
Street Address: 120 Tenth Avenue	City, State, Zip: Haddon Hts, NJ 08035

Name: Robert Brown	Title: Director
Street Address: 14 Simsbury Drive	City, State, Zip: Voorhees, NJ 08043

Name: Robert Fogel	Title: Director
Street Address: 6 Doe Court	City, State, Zip: Sewell, NJ 08080

Name: Ashley Couey	Title: Director
Street Address: 3267 Sweet Buckeye Drive	City, State, Zip: Marietta, GA 3006

Name: Jim Korth	Title: Director
Street Address: 3000 Beech Court	City, State, Zip: Indian Trail, NC 28079

Name: Henry Mumma	Title: Director
Street Address: 633 E Main Street, C5	City, State, Zip: Moorestown, NJ 08057

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**THE SAINTS PRISON MINISTRY, INC.**  
0100378039

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on May 24, 1988.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

FRANK L. ZEIDLER, JR.  
2407A FOSTERTOWN ROAD  
HAINESPORT, NJ 08036



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of October, 2021*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6124541346

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)