

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 28 AM 8:56

DOCUMENT # N37182 (5)

1. Corporation Name
PRISONERS OF CHRIST, INC.

Principal Place of Business Mailing Address
% KENNETH L. COOPER 2843 BROWARD RD JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/21/1990 | 3a. Date of Last Report 08/04/1994 |
| 4. FEI Number 59-3004784 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | FILING FEE IS \$61.25 |
| 8. The corporation has liability for intangible tax under s. 100.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**COOPER, KENNETH L.
 2843 BROWARD RD.
 JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOPER, KENNETH L. | 1.2 NAME | |
| STREET ADDRESS | 2843 BROWARD RD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 1.4 CITY - ST - ZIP | |
| TITLE | T | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEARDSLEY, FLOYD B. | 2.2 NAME | |
| STREET ADDRESS | 5554 CONNIE RD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 2.4 CITY - ST - ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELIJON, KENNETH | 3.2 NAME | |
| STREET ADDRESS | 2851 BROWARD RD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLOCKER, THEODORE W. JR. | 4.2 NAME | |
| STREET ADDRESS | 2532 GULF LIFE TOWER | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAY, W.W. | 5.2 NAME | |
| STREET ADDRESS | 524 STOCKTON ST | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKERSON, RICHARD | 6.2 NAME | |
| STREET ADDRESS | 5911 PHILLIPS HWY | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 receiver 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 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: Kenneth L. Cooper, Pres. **6-23-95** **7460332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (NOT DIRECTOR) (Date) (Daytime Phone #)

CR2E037 (3-95)