

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90048 010 \*\*\*\*61.25

**50004691**



<b>DOCUMENT # N37182</b>					
1. Entity Name <b>PRISONERS OF CHRIST, INC.</b>					
Principal Place of Business <b>112 W ADAMS ST SUITE 725 JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>P.O. BOX 28159 JACKSONVILLE, FL 32226 US</b>		
2. Principal Place of Business <b>2576 Edison Avenue</b>		3. Mailing Address		01112005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3004784</b>	
City & State <b>Jacksonville FL</b>		City & State		Applied For Not Applicable	
Zip <b>32204</b>	Country <b>Duval</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent <b>PALMER, DANIEL O 112 WEST ADAMS STREET SUITE 725 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent		
			Name <b>Daniel O. Palmer</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2576 Edison Avenue</b>		
			City <b>Jacksonville</b>		
			State <b>FL</b>		
Zip Code <b>32204</b>			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 <i>Daniel O. Palmer, Executive Director</i>			DATE <b>January 14, 2005</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAXSON, WESLEY SR MR 801 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAY, W W 524 STOCKTON STREET JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOWERS, CHARLES D JR MR 4589 ORTEGA BLVD JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SELANDER, GUY T MR 2716 VIA BAYA LANE JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AUSTIN, ED MR 2970 ST JOHNS AVE #6A JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAY, J WILLIAM MR 524 STOCKTON STREET JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>DV Frank Pearce 9218 Cypress Green Drive Jacksonville, FL 32256</b>
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: <i>Guy T. Selander</i>			Date <b>January 18, 2005</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>(904) 880-3200</b>		