

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State



DOCUMENT # N37182 1. Entity Name PRISONERS OF CHRIST, INC.		Principal Place of Business 2576 EDISON AVENUE JACKSONVILLE FL 32204 US		Mailing Address P.O. BOX 28159 JACKSONVILLE FL 32226 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3004784	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, DANIEL O 2576 EDISON AVENUE 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		

1st MOORE CR2E037 (10/05)

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXSON, WESLEY SR MR		NAME		
STREET ADDRESS	801 PONTE VEDRA BLVD		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, W W		NAME		
STREET ADDRESS	524 STOCKTON STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWERS, CHARLES D JR MR		NAME		
STREET ADDRESS	4589 ORTEGA BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELANDER, GUY T MR		NAME		
STREET ADDRESS	2716 VIA BAYA LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, ED MR		NAME		
STREET ADDRESS	2970 ST JOHNS AVE #6A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, FRANK		NAME		
STREET ADDRESS	9218 CYPRESS GREEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

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