

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002303 (4)

1. Corporation Name

THE SAINTS PRISON MINISTRY, INC.



Principal Place of Business

235 WEST MAIN STREET
MOORESTOWN NJ 08057

Mailing Address

~~235 WEST MAIN STREET~~
MOORESTOWN NJ 08057

3. Date Incorporated or Qualified
05/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. Box 681

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

22-2907709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

AKERMAN, SENTERFITT & EDISON, P.A.
216 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
TANGERT, TODD
235 W MAIN ST.
MOORESTOWN NJ
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SHROPSHIRE, DAVE
235 W MAIN ST.
MOORESTOWN NJ
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
STORMS, DAVE
235 W MAIN ST.
MOORESTOWN NJ
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
SCOTT, J D
235 W MAIN ST.
MOORESTOWN NJ
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GLADING, DALE M
235 W MAIN ST.
MOORESTOWN NJ
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Secretary (T)
Bob Helmyer
235 W. Main St.
Moorestown, NJ 08057
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
President (T)
Shropshire, Dave
235 W. Main St.
Moorestown, NJ 08057
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Vice President (T)
Storms, Dave
235 W. Main St.
Moorestown, NJ 08057
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Treasurer (T)
Jerry McDevitt
235 W. Main St.
Moorestown, NJ 08057
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
400001925014
-08/19/96--01005--063
***61.25
☐ Change ☐ Addition

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018355

CR2E037 (3/96)