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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
235 WEST MAIN STREET MOORESTOWN NJ 08057	P.O. BOX 681 MOORESTOWN NJ 08057

3. Date Incorporated or Qualified: 05/10/1995

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

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: W. Bradley Munroe, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 239 E. Virginia St.
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

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: W. Bradley Munroe 2/3/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHROPSHIRE, DAVE		1.2 NAME		
STREET ADDRESS	235 W MAIN ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN NJ 38057		1.4 CITY-ST-ZIP		
TITLE	ST	☑ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	HELLYER, BOB		2.2 NAME	JEFFREY MARTHINS	
STREET ADDRESS	235 W MAIN ST.		2.3 STREET ADDRESS	235 W MAIN ST.	
CITY-ST-ZIP	MOORESTOWN NJ 08057		2.4 CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STORMS, DAVE		3.2 NAME		
STREET ADDRESS	235 W MAIN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN NJ		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCDEVITT, JERRY		4. 2 NAME		
STREET ADDRESS	235 W MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN NJ		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GLADING, DALE M		5.2 NAME		
STREET ADDRESS	235 W MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN NJ 08057		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	600002426456	
STREET ADDRESS			6.3 STREET ADDRESS	-02/10/98--01037--007	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

SS 2/10/98

CR2E037 (10/97)

14. 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 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: [illegible] 1-12-98 (609) 866-9428