

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90065 019 ****61.25

DOCUMENT # F95000002303

1. Entity Name

THE SAINTS PRISON MINISTRY, INC.

Principal Place of Business

**235 WEST MAIN STREET
 MOORESTOWN NJ 08057**

Mailing Address

**P.O. BOX 681
 MOORESTOWN NJ 08057**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2907709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONROE, W. BRADLEY ESQ.
 239 E. VIRGINIA STREET
 TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW: FEE IS \$61.25~~

~~9. Election Campaign Financing~~
 Trust Fund Contribution. ☐

~~\$5.00 May Be~~
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TANGERT, TODD 235 W MAIN ST. MOORESTOWN NJ 38057	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNN, JAMES 235 W MAIN ST MOORESTOWN NJ 08057	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILMORE, GARY 235 W MAIN ST. MOORESTOWN NJ	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTOSZ, ROBERT 235 W MAIN ST. MOORESTOWN NJ 08057	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADING, DALE M. 235 W MAIN ST. MOORESTOWN NJ 08057	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT HELLYER 235 W MAIN ST MOORESTOWN NJ 08057	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 856-866-9428

CR2E037 (9/01)