

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37182

Entity Name: PRISONERS OF CHRIST, INC.

Current Principal Place of Business:

6940 ATLANTIC BLVD
JACKSONVILLE, FL 32211

Current Mailing Address:

P.O. BOX 43390
JACKSONVILLE, FL 32203 US

FEI Number: 59-3004784

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWSON, ALEC
6940 ATLANTIC BLVD
JACKSONVILLE, FL 32211 US

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: ALEC LAWSON

02/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREA, TREASURER
Name SELANDER, GUY TJR. MR.
Address 2716 VIA BAYA LANE
City-State-Zip: JACKSONVILLE FL 32223

Title VP
Name PEARCE, FRANK MR
Address 9218 CYPRESS GREEN DRIVE
City-State-Zip: JACKSONVILLE FL 32256

Title CHAIRMAN
Name DURKEE, KENDALL G MR.
Address 4915 RIVER POINT ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title DIR
Name GRENN, STANLEY J REV.
Address 12519 ST MARTINS DRIVE
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name HALLETT, MICHAEL PHD
Address 1024 EAGLE POINT DRIVE
City-State-Zip: ST AUGUSTINE FL 32092

Title DIRECTOR
Name HEIM, RALPH W MR.
Address 12669 SHINNECOCK COURT
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name JEFFERSON, KEN MR.
Address 732 TROWBRIDGE
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name JOHNS, A. J. MR.
Address 3225 ANNISTON ROAD
City-State-Zip: JACKSONVILLE FL 32246

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALEC LAWSON

INTERIM EXECUTIVE
DIRECTOR

02/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NILL, KEVIN MR.
Address 845 PEPPERVINE AVENUE
City-State-Zip: JACKSONVILLE FL 32259

Title DIRECTOR
Name MILNE, DOUGLAS ESQ.
Address 6940 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name WILDES, TARA MS.
Address 6940 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name RUTHERFORD, JOHN H HONORABLE
Address 3817 VICKERS LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name SPRINGER, BOB MR.
Address 6940 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name WILLIAMS, MIKE SHERIFF
Address 6940 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32211