

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37182

Entity Name: PRISONERS OF CHRIST, INC.

Current Principal Place of Business:

2821 GIBSON ROAD
JACKSONVILLE, FL 32207

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:

MCCOY, JOSEPH S
2821 GIBSON ROAD
JACKSONVILLE, FL 32207 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: JOSEPH S MCCOY

01/09/2017

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

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

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

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

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

Title DIRECTOR
Name JOHNS, A. J.
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: KENDALL G DURKEE

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAWSON, ALEC
Address 3266 HIDDEN LAKE DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32216

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

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