

**2016 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: Yes**

**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

02/09/2016

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 DURKEE

PRESIDENT

02/09/2016

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