

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737565 (2)
1. Corporation Name
CHRISTIAN PRISON MINISTRY, INC.

CPM
443010
61.25



Principal Place of Business: 2100 BREngle AVE PO BOX 1587 ORLANDO FL 32802
Mailing Address: 2100 BREngle AVE PO BOX 1587 ORLANDO FL 32802

3. Date Incorporated or Qualified: 12/17/1976
3a. Date of Last Report: 02/09/1995

2. Principal Place of Business: 21 2055 Mercy Drive
2a. Mailing Address: 26 2055 Mercy Drive

4. FEI Number: 59-1711323
Applied For: Not Applicable

22. City & State: Orlando FL
27. City & State: Orlando FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 32808 Country: FL
28. Zip: 32808 Country: FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. Zip: 32808
25. Country: FL
29. Zip: 32808
30. Country: FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: POITRAS, EDWARD 27 B MOORE ROAD HAINES CITY FL 33844

10. Name and Address of New Registered Agent: 81 Name: Costantino Frank
82 Street Address: 2055 Mercy Drive
83
84 City: Orlando FL 85 Zip Code: 32808

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURTRY, GRADY	1.2 NAME	
STREET ADDRESS	4698 HALL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32817	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DON	2.2 NAME	
STREET ADDRESS	1375 COUNTY RD., 565A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANTINO, FRANK	3.2 NAME	
STREET ADDRESS	5519 BAYSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, BEN	4.2 NAME	
STREET ADDRESS	15835 HIGHWAY 50	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POITRAS, EDWARD	5.2 NAME	
STREET ADDRESS	27 B. MOORE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Frank Costantino* 1/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)