


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737565 (2)**

1. Corporation Name  
**CHRISTIAN PRISON MINISTRY, INC.**



Principal Place of Business 2055 MERCY DR PO BOX 1587 ORLANDO FL 32808 US	Mailing Address 2055 MERCY DR PO BOX 1587 ORLANDO FL 32808 US
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3. Date Incorporated or Qualified  
**12/17/1976**

4. FEI Number  
**69-1711323**

Applied For	
Not Applicable	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**COSTANTINO, FRANK**  
**2055 MERCY DR**  
**ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>D</b>
NAME	<b>MCMURTRY, GRADY</b>	1.2 NAME	
STREET ADDRESS	<b>4698 HALL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32817</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>BROWN, DON</b>	2.2 NAME	
STREET ADDRESS	<b>1375 COUNTY RD, 566A</b>	2.3 STREET ADDRESS	<b>625 Whip-O-Will Lane</b>
CITY-ST-ZIP	<b>CLERMONT FL 34741</b>	2.4 CITY-ST-ZIP	<b>St. Cloud, FL 34771</b>
TITLE	<b>PD</b>	3.1 TITLE	<b>D</b>
NAME	<b>COSTANTINO, FRANK</b>	3.2 NAME	
STREET ADDRESS	<b>5519 BAYSIDE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>HARRISON, BEN</b>	4.2 NAME	
STREET ADDRESS	<b>15835 HIGHWAY 50</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	5.1 TITLE	<b>D</b>
NAME	<b>POITRAS, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>27 B. MOORE ROAD</b>	5.3 STREET ADDRESS	<b>27 Lake Hamilton Beach</b>
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	5.4 CITY-ST-ZIP	<b>Haines City, FL 33844</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_

CR2E037 (10/97)