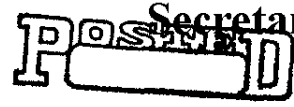


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State



DOCUMENT # 737565
1. Entity Name
CHRISTIAN PRISON MINISTRY, INC.

Principal Place of Business
**2011 MERCY DR
ORLANDO, FL 32808 US**

Mailing Address
**2011 MERCY DR
ORLANDO, FL 32808 US**

DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1711323 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COSTANTINO, FRANK
2011 MERCY DRIVE
ORLANDO, FL 32808**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURTRY, GRADY 4698 HALL ROAD ORLANDO, FL 32817,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DON 6325 WHIP-O-WILL LANE ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, FRANK 2011 MERCY DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, BEN PO BOX 279 BRYSON CITY, NC 28713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, EDWARD 27 LAKE HAMILTON BEACH HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTIN-BROWN, LORI 2011 MERCY DRIVE ORLANDO, FL 32808

U00000200056
01/28/05-80011-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Costantino-Brown 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #