

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90033 026 ****61.25

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**

60015851



2. Principal Place of Business 2001 Mercy Drive		3. Mailing Address 2001 Mercy Drive	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32808	Country US	Zip 32808	Country US

01032006 Chg-NP CR2E037 (11/05)

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**

7. Name and Address of New Registered Agent

Name **Costantino, Bishop Frank**
Street Address (P.O. Box Number is Not Acceptable)
2001 Mercy Drive
Suite 101
City **Orlando** FL Zip Code **32808**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURTRY, GRADY 4698 HALL ROAD ORLANDO, FL 32817, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DON 6325 WHIP-O-WILL LANE ST. CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, FRANK 2011 MERCY DR. ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Costantino, Bishop Frank 2001 Mercy Drive, Suite 101 Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, BEN PO BOX 279 BRYSON CITY, NC 28713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, EDWARD 27 LAKE HAMILTON BEACH HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTIN-BROWN, LORI 2011 MERCY DRIVE ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Costantino-Brown, LORI 2001 Mercy Drive, Suite 101 Orlando, FL 32808

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lori Costantino

2/13/06

ATTACHMENT 60015851
BRIDGES OF #737565

BISHOP FRANK COSTANTINO
PRESIDENT



"A Wholistic Twelve Step Treatment Program"

February 13, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our 2006 Not-for-Profit Corporation Annual Reports. Last year we made changes that were not reflected on these reports.

Please insure that all changes are made accordingly.

Thank you.

Marvel Quevedo

Controller