2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# 768586

Entity Name: HIS PRISON MINISTRY, INC.

Current Principal Place of Business:

5232 SLIGH ROAD
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 91629
LAKELAND, FL 33804

New Mailing Address:

PO BOX 93551
LAKELAND, FL 33804

FEI Number: 59-2315321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, HELEN
407 MAGGIE CIRCLE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

SHELTON, HELEN
1699 MAHAFFEY CIRCLE
LAKELAND, FL 33811 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: HELEN SHELTON 02/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMPBELL, GEORGE
Address: 5232 SLIGH ROAD
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete
Name: FREY, WESLEY
Address: 1802
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete
Name: SHELTON, HELEN
Address: 407 MAGIE CIRCLE
City-St-Zip: WINTERHAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: FREY, WESLEY L
Address: 1802 SIR HENRYS TRAIL
City-St-Zip: LAKELAND, FL 33809

Title: SD (X) Change ( ) Addition
Name: SHELTON, HELEN
Address: 1699 MAHAFFEY CIRCLE
City-St-Zip: LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WESLEY L. FREY TD 02/09/2006
Electronic Signature of Signing Officer or Director Date