

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90083 018 \*\*\*\*61.25

**DOCUMENT # 853227**

1. Entity Name

**PRISON FELLOWSHIP MINISTRIES, INC.**

Principal Place of Business 1856 OLD RESTON AVENUE RESTON VA 20190	Mailing Address P.O. BOX 17500 WASHINGTON DC 20041-7500 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>62-0988294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

V	<input type="checkbox"/> Delete	ANDERSON, ROBERT, D 1856 OLD RESTON AVE. RESTON VA
C	<input type="checkbox"/> Delete	COLSON, CHARLES W. 1856 OLD RESTON AVE. RESTON VA
D	<input type="checkbox"/> Delete	CAUWELS, DAVID ELYN 1116 PENNSYLVANIA, NE ALBUQUERQUE NM
D	<input type="checkbox"/> Delete	ECKERD, JACK P.O. BOX 5165 N/A CLEARWATER FL
T	<input type="checkbox"/> Delete	ROSSER, DOIS D. 4116 WEST MERCURY BLVD. HAMPTON VA
PD	<input type="checkbox"/> Delete	PRATT, THOMAS C. 1856 OLD RESTON AVE. RESTON VA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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: **Robert D. Anderson** Date \_\_\_\_\_ Daytime Phone # **703-478-0100**