

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853227

FILED
Feb 11, 2008
Secretary of State

Entity Name: PRISON FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

44180 RIVERSIDE PARKWAY
LANSDOWNE, VA 20176 US

New Principal Place of Business:

Current Mailing Address:

44180 RIVERSIDE PARKWAY
LANSDOWNE, VA 20176 US

New Mailing Address:

FEI Number: 62-0988294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EARLEY, MARK L
Address: 44180 RIVERSIDE PARKWAY
City-St-Zip: LANSDOWNE, VA 20176

Title: D () Delete
Name: COLSON, CHARLES W
Address: 44180 RIVERSIDE PARKWAY
City-St-Zip: LANSDOWNE, VA 20176

Title: D () Delete
Name: CAUWELS, DAVID E
Address: 44180 RIVERSIDE PARKWAY
City-St-Zip: LANSDOWNE, VA 20176

Title: D () Delete
Name: PETERSON, DALLEN W
Address: 44180 RIVERSIDE PARKWAY
City-St-Zip: LANSDOWNE, VA 20176

Title: T () Delete
Name: MILLIGAN, CYNTHIA
Address: 44180 RIVERSIDE PKWY
City-St-Zip: LANSDOWNE, VA 20176

Title: CFO () Delete
Name: CAMBPELL, RICHARD K
Address: 44180 RIVERSIDE PARKWAY
City-St-Zip: LANSDOWNE, VA 20176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD K. CAMPBELL

CFO

02/11/2008

Electronic Signature of Signing Officer or Director

_____ Date