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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002303 (4)

1. Corporation Name

THE SAINTS PRISON MINISTRY, INC.



Principal Place of Business

Mailing Address

235 WEST MAIN STREET
MOORESTOWN NJ 08057

P.O. BOX 681
MOORESTOWN NJ 08057-0681

3. Date Incorporated or Qualified
05/10/1995

3a. Date of Last Report
08/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
22-2907709

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKERMAN, SENTERFITT & EDISON, P.A.
216 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE FL 32302

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE
NAME SHROPSHIRE, DAVE
STREET ADDRESS 235 W MAIN ST.
CITY-ST-ZIP MOORESTOWN NJ 38057

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME HELLYER, BOB
STREET ADDRESS 235 W MAIN ST.
CITY-ST-ZIP MOORESTOWN NJ 08057

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME STORMS, DAVE
STREET ADDRESS 235 W MAIN ST.
CITY-ST-ZIP MOORESTOWN NJ 08057

3.1 TITLE Vice President ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME MC DERMITT, JERRY
STREET ADDRESS 235 W MAIN ST.
CITY-ST-ZIP MOORESTOWN NJ 08057

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME McDevitt, Jerry
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GLADING, DALE M
STREET ADDRESS 235 W MAIN ST.
CITY-ST-ZIP MOORESTOWN NJ 08057

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

CR2E037 (9/96)

1-22-97

(44) 866-9428