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Feb 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

05/10/1995

4. FEI Number

22-2907709

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

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

W. Bradley Munroe, Esq.

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

234 E. Virginia St.

83

84 City

Tallahassee

FL

85 Zip Code

32302

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

W. Bradley Munroe

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

(NOTE: Registered Agent signature required when reinstating)

2/3/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PT SHROPSHIRE, DAVE
235 W MAIN ST.
MOORESTOWN NJ 38057

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST HELLYER, BOB
235 W MAIN ST.
MOORESTOWN NJ 08057

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP STORMS, DAVE
235 W MAIN ST.
MOORESTOWN NJ

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T MCDEVITT, JERRY
235 W MAIN ST.
MOORESTOWN NJ

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GLADING, DALE M
235 W MAIN ST.
MOORESTOWN NJ 08057

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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 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.

SIGNATURE:

W. Bradley Munroe

1-12-98

(609) 866-9428

CR2E037 (1097)