

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90135 041 ****61.25

DOCUMENT # F95000002303

1. Corporation Name

THE SAINTS PRISON MINISTRY, INC.

Principal Place of Business

235 WEST MAIN STREET
MOORESTOWN NJ 08057

Mailing Address

P.O. BOX 681
MOORESTOWN NJ 08057



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/10/1995

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

22-2907709

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONROE, W. BRADLEY ESQ.
239 E. VIRGINIA STREET
TALLAHASSEE FL 32301

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	<input checked="" type="checkbox"/> DELETE
NAME	SHROPSHIRE, DAVE	
STREET ADDRESS	235 W MAIN ST.	
CITY-ST-ZIP	MOORESTOWN NJ 38057	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARTHINS, JEFFERY	
STREET ADDRESS	235 W MAIN ST	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STORMS, DAVE	
STREET ADDRESS	235 W MAIN ST.	
CITY-ST-ZIP	MOORESTOWN NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCDEVITT, JERRY	
STREET ADDRESS	235 W MAIN ST.	
CITY-ST-ZIP	MOORESTOWN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLADING, DALE M	
STREET ADDRESS	235 W MAIN ST.	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TODD TANGERT	
1.3 STREET ADDRESS	235 W. MAIN ST	
1.4 CITY-ST-ZIP	MOORESTOWN, NJ 08057	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BILL HEPNER	
3.3 STREET ADDRESS	235 W. MAIN ST.	
3.4 CITY-ST-ZIP	MOORESTOWN, NJ 08057	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GLENN HASTIE	
4.3 STREET ADDRESS	235 W. MAIN ST.	
4.4 CITY-ST-ZIP	MOORESTOWN, NJ 08057	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5-18-99 (609) 866-9428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)