

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 26, 2004
Secretary of State**

DOCUMENT# N00000007014

Entity Name: FREEDOM BEHIND BARS PRISON MINISTRY, INC.

Current Principal Place of Business:

3952 NW 176 TER
CAROL CITY, FL 33055

New Principal Place of Business:

Current Mailing Address:

3952 NW 176 TER
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 65-1067121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKSON, JEREMIAH
3952 NW 176 TER
CAROL CITY, FL 33055

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: DP () Delete
Name: NICKSON, JEREMIAH
Address: 3952 NW 176 TER
City-St-Zip: CAROL CITY, FL 33055

Title: DV () Delete
Name: NICKSON, DORA
Address: 3952 NW 176 TER
City-St-Zip: CAROL CITY, FL 33055

Title: DS () Delete
Name: WEST, BARBARA Y
Address: 5015 NW 178 TER
City-St-Zip: CAROL CITY, FL 33055

Title: D () Delete
Name: RUDD, BRANNOCK
Address: 17410 NW 27 AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: PORTER, MIKEAL
Address: 1600 NW 11 AVE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: HUTCHINS, RUDOLPH
Address: 4400 NW 11 AVE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: WEST, BARBARA Y
Address: 851 N. W. 58 STREET
City-St-Zip: MIAMI,, FL 33127

Title: () Change () Addition
Name:
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 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 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: JEREMIAH NICKSON

DP

07/26/2004

Electronic Signature of Signing Officer or Director

Date