

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90024 044 ****70.00

DOCUMENT # N01000000378 1. Entity Name PRISON BOOK PROJECT, INC.					
Principal Place of Business 3880 S. WASHINGTON AVE. #154 TITUSVILLE FL 32780 US			Mailing Address O.O. BOX 1146 SHARPES FL 32959 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALL, RAYMOND 4050 SONG DR COCOA FL 32927			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	BCD		TITLE	D	
NAME	WOOD, BILL		NAME	Gray, Lowell	
STREET ADDRESS	P.O. BOX 8041		STREET ADDRESS	2580 White Oak Dr.	
CITY-ST-ZIP	COCOA FL 32924		CITY-ST-ZIP	Titusville, FL 32780	
TITLE	D		TITLE	D	
NAME	MAZE, PAUL		NAME	Broome, Chris	
STREET ADDRESS	1507 VISTA TERRACE		STREET ADDRESS	915 S. Washington Ave.	
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP	Titusville, FL 32780	
TITLE	D		TITLE		
NAME	STANSBURY, WALTER		NAME		
STREET ADDRESS	1485 ROCKLEDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32995		CITY-ST-ZIP		
TITLE	STD		TITLE		
NAME	HALL, KAZUKO		NAME		
STREET ADDRESS	4050 SONG DR.		STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32927		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	COON, TERRY		NAME		
STREET ADDRESS	4101 HEMLOCK LANE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	BROWN, MIKE		NAME		
STREET ADDRESS	1720 MISTY WAY		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond E. Hall **Feb. 12, 2004** **(321) 269-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #