2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 09, 2007 8:00 am **Secretary of State** DOCUMENT # N01000000378 1. Entity Name 07-09-2007 90042 036 ****70.00 PRISON BOOK PROJECT, INC. Principal Place of Business Mailing Address P.O. BOX 1146 3880 S. WASHINGTON AVE. #154 TITUSVILLE FL 32780 SHARPES FL 32959 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 2nd MOORE CR2E037 (4/07) City & State City & State 4. FEI Number Applied For 59-3506589 Not Applicable Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 4050 SONG DR COCOA FL 32927 City 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 DATE Stonature, typed or ponted name of registered agent and 1% of applicable (NO1), Requirement Agent signaliste required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution Due By September 5, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MLE ☐ Change Addition THILE ☐ Delete GRAY, LOWELL NAME Sinn, Merlyn NAME 2580 WHITE OAK DR 1755 Echo Dr. STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP Titusville,FL 32796 İSTD M Addition THE ☐ Delete 1111.5 Change D HALL, KAZUKO NAME Thornton, Jim 2825 Starlight Dr. 4050 SONG DR STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-7IP CITY-ST-7IP Titusville, FL 32796 Addition Delete HILE Change TITLE MATTESON, DEAN NAME NAME Clover, Lillian 4930 SQUIRES DR STREET ADDRESS STREET ADDRESS 4760 Key Madeira Dr CITY-ST-ZiP CITY-ST-ZiP TITUSVILLE FL 32780 Titusville, FL 32780 TITLE ☐ Delete Change Addition FOOTE, FREDERICK F NAME NAME STREET ADDRESS 1511 GULDAHL DR. STREET ADDRESS CITY-ST-7P TITUSVILLE FL 32780 CITY ST-ZIP Delete Change Change ☐ Addition BH-11717 COON, TERRY NAME NAME 4101 HEMLOCK LANE STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY ST-ZIP CITY ST-7IP ☐ Delete ☐ Channe Addition TITLE DITLE SHEALY, JOEL MAME NAME

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 emptor

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS 2644 BAYWOOD DRIVE

TITUSVILLE FL 32780

SIGNATURE: Raymond E. Hald

7-2-07 321-269-4100

FILED