

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90046 008 \*\*\*\*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

P.O. BOX 1146  
SHARPES FL 32959  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3506589

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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 is not needed when not changing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | GRAY, LOWELL        |                                 |
| STREET ADDRESS | 2580 WHITE OAK DR   |                                 |
| CITY-STATE-ZIP | TITUSVILLE FL 32780 |                                 |
| TITLE          | STD                 | <input type="checkbox"/> Delete |
| NAME           | HALL, KAZUKO        |                                 |
| STREET ADDRESS | 4050 SONG DR        |                                 |
| CITY-STATE-ZIP | COCOA FL 32927      |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | MATTESON, DEAN      |                                 |
| STREET ADDRESS | 4930 SQUIRES DR     |                                 |
| CITY-STATE-ZIP | TITUSVILLE FL 32780 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | FOOTE, FREDERICK F  |                                 |
| STREET ADDRESS | 1511 GULDAHL DR.    |                                 |
| CITY-STATE-ZIP | TITUSVILLE FL 32780 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | COON, TERRY         |                                 |
| STREET ADDRESS | 4101 HEMLOCK LANE   |                                 |
| CITY-STATE-ZIP | TITUSVILLE FL 32780 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | SHEALY, JOEL        |                                 |
| STREET ADDRESS | 2644 BAYWOOD DRIVE  |                                 |
| CITY-STATE-ZIP | TITUSVILLE FL 32780 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                                                   |
|----------------|----------------------|-------------------------------------------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Merlyn Sinn          |                                                                   |
| STREET ADDRESS | 1755 Echo Dr.        |                                                                   |
| CITY-STATE-ZIP | Titusville, FL 32780 |                                                                   |
| TITLE          | D                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Michael Brown        |                                                                   |
| STREET ADDRESS | 1720 Misty Way       |                                                                   |
| CITY-STATE-ZIP | Titusville, FL 32780 |                                                                   |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |                                                                   |
| STREET ADDRESS |                      |                                                                   |
| CITY-STATE-ZIP |                      |                                                                   |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |                                                                   |
| STREET ADDRESS |                      |                                                                   |
| CITY-STATE-ZIP |                      |                                                                   |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                      |                                                                   |
| STREET ADDRESS |                      |                                                                   |
| CITY-STATE-ZIP |                      |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, without other like empowered.

SIGNATURE:

*Raymond Hall* RAYMOND HALL