

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000005863**

1. Entity Name

BORN AGAIN GOSPEL PRISON MINISTRY INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 24 PM 12:40

Principal Place of Business

1904 MYRICK RD.
TALLAHASSEE FL 32303

Mailing Address

1904 MYRICK RD.
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3722042

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, FRANCIS
1904 MYRICK RD.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, FRANCIS	
STREET ADDRESS	1904 MYRICK RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVE BEASLEY	
STREET ADDRESS	2610 POTTS DAMEN	
CITY-ST-ZIP	TALLAHASSEE, FL.	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE INDERNER	
STREET ADDRESS	2420 HAYS MILL ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENOL SAINT-FORT	
STREET ADDRESS	1253 WINIFRED DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATRICIA N.K. MANAGER	
STREET ADDRESS	462 WILLIAMS STREET	
CITY-ST-ZIP	EAST PISCATAWAY, NJ 08854	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)