


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

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90001 040 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000001906	
<b>1. Entity Name</b> J & W DRUG & PRISON MINISTRIES, INC.	

<b>Principal Place of Business</b> <del>1708 SR 44</del> 1305 SR 44 NEW SNYRNA BEACH FL 32168	<b>Mailing Address</b> <del>1708 SR 44</del> 1305 SR 44 NEW SNYRNA BEACH FL 32168
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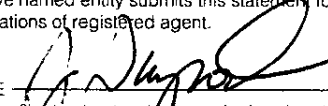
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 1305 State Road 44
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b> New Smyrna Bch. FL
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<b>Zip</b>	<b>Country</b>	<b>Zip</b> 32168	<b>Country</b> USA
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<b>6. Name and Address of Current Registered Agent</b>  DAVENPORT, JAMES R <del>1708 SR 44</del> 1305 SR 44 NEW SNYRNA BEACH FL 32168	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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.**

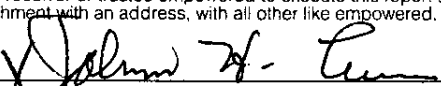
SIGNATURE  James R Davenport  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, JOHN H 103 SPRUCE ST. NEW SNYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARSON, WILLY 409 HICKORY ST. NEW SNYRNA BEACH FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, JAMES R 409 HICKORY ST. NEW SNYRNA BEACH FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386) 427 5239