

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001906

FILED
Mar 02, 2009
Secretary of State

Entity Name: J & W DRUG & PRISON MINISTRIES, INC

Current Principal Place of Business:

1305 SR 44
NEW SNYRNA BEACH, FL 32168

New Principal Place of Business:

1305 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

1305 SR 44
NEW SNYRNA BEACH, FL 32168

New Mailing Address:

1305 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

FEI Number: 01-0619393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, JOHN H
703 SPRUCE ST
NEW SNYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

LAWSON, JOHN H
693 SPRUCE ST
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE:

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWSON, JOHN H
Address: 693 SPRUCE STREET
City-St-Zip: NEW SMYRNA BEACH, FL 321686580

Title: STD () Delete
Name: CARSON, WILLIE
Address: 409 HICKORY ST.
City-St-Zip: NEW SNYRNA BEACH, FL 32168

Title: D () Delete
Name: LAWSON, NORMA
Address: 703 SPRUCE ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: CARSON, WILLIE
Address: 409 HICKORY ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H .LAWSON

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date