2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004
Secretary of State

DOCUMENT# N03000000468

Entity Name: INTERNATIONAL PRISON MINISTRIES, INC.

Current Principal Place of Business:

9370 NW 24TH STREET
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

9370 NW 24TH STREET
SUNRISE, FL 33322 US

New Mailing Address:

FEI Number: 65-0470347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOWLESSAR, ANTONY C
9370 NW 24TH STREET
SUNRISE, FL 333 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONAS, LUIS M
Address: 741 N. PINE ISLAND ROAD, APT. #103
City-St-Zip: PLANTATION, FL 33324 US

Title: VP ( ) Delete
Name: KOWLESSAR, GEORGIA G
Address: 9370 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33322 US

Title: SECT ( ) Delete
Name: KOWLESSAR, ANTONY C
Address: 9370 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOWLESSAR, ANTONY C
Address: 9370 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33322 US

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

Title: SECT (X) Change ( ) Addition
Name: DIXON-FLOYD, ROBIN
Address: 9311 E. ELM STREET
City-St-Zip: MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTONY C. KOWLESSAR P 02/21/2004

Electronic Signature of Signing Officer or Director — Date