

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

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90002 018 ****66.25

DOCUMENT # N03000001338

1. Entity Name

**CHARLIE & LOIS ROZZELLE PRISION MINISTRY,
INC.**



Principal Place of Business

**6708 NW 70 STREET
TAMARAC FL 33321**

Mailing Address

**6708 NW 70 STREET
TAMARAC FL 33321**

2. Principal Place of Business - Not P.O. Box #

6350 NW 62nd ST

Suite, Apt. #, etc.

APT. 311

3. Mailing Address

6350 NW 62nd ST

Suite, Apt. #, etc.

APT 311

City & State

TAMARAC, FL

City & State

TAMARAC FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

30-0149803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

**ROZZELLE, CHARLIE
6708 NW 70 STREET
TAMARAC FL 33321**

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 is not required when resigning)

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 ☐ Delete
NAME **ROZZELLE, CHARLIE**
STREET ADDRESS **6708 NW 70 STREET**
CITY- ST- ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME **SCHIED, THOMAS H**
STREET ADDRESS **328 SW 14 ST**
CITY- ST- ZIP **POMPANO BCH FL 33060**

TITLE ☐ Delete
NAME **DILLARD, ROBERT**
STREET ADDRESS **1807 NW 37 ST**
CITY- ST- ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- 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, with all other like empowered.

SIGNATURE:

Charles W. Rozzelle

CHARLES W. ROZZELLE