2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# N03000010684

Entity Name: LIVING FAITH PRISON MINISTRY, INC

Current Principal Place of Business:

P.O BOX 869
127 LEE LANE
HOLLISTER, FL 32147

New Principal Place of Business:

Current Mailing Address:

P.O BOX 869
127 LEE LANE
HOLLISTER, FL 32147

New Mailing Address:

FEI Number: 52-2420610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, LONNIE D
P.O BOX 846
127 LEE LANE
HOLLISTER, FL 32147 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: SMITH, LONNIE D
Address: P.O BOX 846
City-St-Zip: HOLLISTER, FL 32147

Title: S ( ) Delete
Name: STALLARD, JAMES H
Address: 1105 LEE ST.
City-St-Zip: PALATKA, FL 32177

Title: T ( ) Delete
Name: STALLINGS, CAREY K
Address: 5999 WHITE SANDS RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: SMITH, ROBIN T
Address: P.O. BOX 846
City-St-Zip: HOLLISTER, FL 32147

Title: D ( ) Delete
Name: CAMPBELL, JEFFERY V
Address: P.O BOX 594
City-St-Zip: FLORAHOME, FL 32140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: QUINN, DELL L
Address: 109 OAK GROVE DR.
City-St-Zip: PALATKA, FL 32177

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

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

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

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: LONNIE D. SMITH P 01/27/2005

Electronic Signature of Signing Officer or Director — Date