## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # N04000002 PRISON MINISTRY, INC.							04-28-2005	90212	038 ****	70.00
116 WESTMINSTER BLVD.		116	Mailing Address 116 WESTMINSTER BLVD, OLDSMAR, FL 34677			14006213					
2. Principal f	Place of Business	3. Maili	ing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				04252005	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State		•			4. FEI Number	16176	ユ	<del> </del>	oplied For
Zíp	Country		Zip		ntry		5. Certificate of	Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registere	d Agent		·	7. Name and A	ddress of New Ri	egistered			
JOHNSON	I, FRANKIE			- 1	Name					-	
116 WEST	MINSTER BLVD.			ļ	Street Ad	ddress (i	P.O. Box Number	is Not Acceptable	)	<del></del>	·
OLDSMAR	R, FL 34677		•	f							u
	`			ł	City				Fl	Zip Cod	<del></del>
8. The above	named entity submits this statement fo	or the purpo	ase of changing its r		d office or		<u> </u>			- (	
the each line				egistere	su office or	r realster	ed agent, or both,	in the State of Flo	rida Lam	lamiliar with	and accept
rie obliga	tions of registered agent.		and or or might great	egistere	ad Ollice or	r register	ed agent, or both,	in the State of Flo	rida. I am	familiar with,	and accept
	tions of registered agent.			egistere	ad office of	r registeri	ed agent, or both,	in the State of Flo	rida. Iam	familiar with,	and accept
SIGNATURE	tions of registered agent.				<u></u> _		ad agent, or both,	in the State of Flo	rida. I am	tamiliar with,	and accept
	tions of registered agent.			Registered paign Fl	d Agent elgnatu			, and the second	DATE	familiar with,  k payable t	
SIGNATURE	Signature, hipsed or printed name of registered agent	and title if appl	9. Election Cam	Registered paign Fl	d Agent elgnatu	Life required	when reinstraing) \$5.00 May Be Added to Fees	, and the second	DATE ika chec da Depai	k payable t	o tate
SIGNATURE  10.	Signature, hyped or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DII	and title if appl	9. Election Cam	Paign Piontributio	d Agent eignatu	Life required	when reinstraing) \$5.00 May Be Added to Fees	M <sub>i</sub> Flori	DATE ika chec da Depai	k payable t	o tate
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SIGNATURE  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, hyped or printed name of registered agent  Filling Fee Is \$61.25  Due by May 1, 2005  OFFICERS AND DII  P  JOHNSON, FRANKIE  116 WESTMINSTER BLVD.  OLDSMAR, FL. 34677	and title if appl	9. Election Cam Trust Fund Co	Paign Financial	d Agent atgnatus	Life required	when reinstraing) \$5.00 May Be Added to Fees	M <sub>i</sub> Flori	DATE ika chec da Depai	k payable truent of S	o tate
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12. Thereby 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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chepter 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.

CITY-ST-ZIP

Trankie Jehnson Frankie Johnson 4-25-05

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Devision Prior &

Devision Prior & SIGNATURE: \_