2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N04000002710

Entity Name: CALVARY PRISON MINISTRY, INC.

Current Principal Place of Business:

P. O. BOX 6075
CLEARWATER, FL 33758

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6075
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 20-1161762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, FRANKIE
116 WESTMINSTER BLVD.
OLDSMAR, FL 34677 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:	JOHNSON, FRANKIE	
Address:	116 WESTMINSTER BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	V	( ) Delete
Name:	SKELDING, MARTHA LINDA M	
Address:	1210 EVERGLADES AVENUE	
City-St-Zip:	CLEARWATER, FL 33758	
Title:	S	( ) Delete
Name:	ROBERTSON, KAREN	
Address:	1276 JASMINE WAY	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	T	( ) Delete
Name:	MCINTYRE, PHYLLIS	
Address:	1579 GREENLEA DR APT 6	
City-St-Zip:	CLEARWATER, FL 33755	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MCCLEARY, PHYLLIS	
Address:	7501 142ND AVE #562	
City-St-Zip:	LARGO, FL 33771	

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: FRANKIE JOHNSON P 02/10/2009

Electronic Signature of Signing Officer or Director — Date