

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90099 005 ****61.25

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|---|--|--|--|--|---|
| DOCUMENT # N04000007197 1. Entity Name FREEDOM PRISON MINISTRIES, INC. | | | | | |
| Principal Place of Business 1328 NORTH FERDON BLVD. #333 CRESTVIEW, FL 32536 | | | | Mailing Address 1328 NORTH FERDON BLVD. #333 CRESTVIEW, FL 32536 | |
| 2. Principal Place of Business 879 Macendonia Church Rd. Suite, Apt. #, etc. | | 3. Mailing Address Post Office Box 728 Suite, Apt. #, etc. | | 02222005 Chg-NP CR2E037 (10/03) | |
| City & State DeFuniak Springs, FL | | City & State DeFuniak Springs, FL | | 4. FEI Number 20-1396707 | |
| Zip 32435 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMSON, A. WAYNE 1020 SOUTH FERDON BLVD. CRESTVIEW, FL 32536 | | | | 7. Name and Address of New Registered Agent Name Welton & Williamson, LLC Street Address (P.O. Box Number is Not Acceptable) 1020 S. Ferdon Blvd. City Crestview FL Zip Code 32536 | |
| 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 <u><i>A Wayne Williamson</i></u> DATE <u>2-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMM, D. MICHAEL <input type="checkbox"/> Delete 1328 NORTH FERDON BLVD. #333 CRESTVIEW, FL 32536 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEIBERT, EDDIE <input type="checkbox"/> Delete 1328 NORTH FERDON BLVD. #333 CRESTVIEW, FL 32536 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CATOE, WILLIAM A JR. <input type="checkbox"/> Delete 1328 NORTH FERDON BLVD. #333 CRESTVIEW, FL 32536 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby 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 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: <u><i>A Wayne Williamson</i></u> <u>Director</u> <u>2-22-05</u> <u>850-259-4715</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date Daytime Phone # | |