


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009838 1. Entity Name RON THOMPSON JAIL & PRISON MINISTRY, INC.	
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Principal Place of Business 7259 JONQUIL DRIVE ORLANDO, FL 32818	Mailing Address 7259 JONQUIL DRIVE ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 30-0228582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMPSON, RONALD G
7259 JONQUIL DRIVE
ORLANDO, FL 32818

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, RON 7259 JONQUIL DRIVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUANDT, DEAN 11600 GRACE LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, EDWARD 11443 AUTUMN WIND LOOP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREE, TERRY 8357 CRISTOBAL CIRCLE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARLEY, ROBERT 310 W. CENTRAL PARKWAY #7000 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, DOROTHY J 7259 JONQUIL DR ORLANDO, FL 32818

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U00000520840
05/02/06-80110-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald G. Thompson RONALD G. THOMPSON 4/17/06 407 290 5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #