


2007 NOT-FOR-PROFIT CORPORATION : ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 039 ****61.25

DOCUMENT # N05000011623	
1. Entity Name SON-SHINE PRISON MINISTRIES INC.	

Principal Place of Business 20744 NE KELLY ST. BLOUNTSTOWN FL 32424	Mailing Address 20744 NE KELLY ST. BLOUNTSTOWN FL 32424
--	--



2. Principal Place of Business - No P.O. Box # 20744 NE Kelly St	3. Mailing Address P.O. Box 886
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State Blountstown, FL	City & State Blountstown, FL
Zip 32424	Country United States

4. FEI Number 87-0762616	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent LEWIS, GEORGE E 20744 NE KELLY ST. BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 P	NAME LEWIS, GEORGE REV	TITLE	NAME
STREET ADDRESS 20744 NE KELLY ST.	CITY-ST-ZIP BLOUNTSTOWN FL 32424	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE V	NAME HURDLE, JOHN REV	TITLE	NAME
STREET ADDRESS P.O. BOX 7546	CITY-ST-ZIP TIFTON GA 31793	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE MEM	NAME BULZER, DOUGLAS	TITLE	NAME
STREET ADDRESS 18151 NW JOHN F. BAILEY RD.	CITY-ST-ZIP BLOUNTSTOWN FL 32424	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE ST	NAME HURDLE, LINDA	TITLE	NAME
STREET ADDRESS P.O. BOX 7546	CITY-ST-ZIP TIFTON GA 31793	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: George Lewis **4-16-07** **(850) 643-6356**