2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N05000011623

Entity Name: SON-SHINE PRISON MINISTRIES INC.

Current Principal Place of Business:

20744 NE KELLY ST.
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 886
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 87-0762616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, GEORGE E
20744 NE KELLY ST.
BLOUNTSTOWN, FL 32424 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: LEWIS, GEORGE REV
Address: 20744 NE KELLY ST.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: V ( ) Delete
Name: HURDLE, JOHN REV
Address: P.O. BOX 7546
City-St-Zip: TIFTON, GA 31793

Title: MEM ( ) Delete
Name: BULZER, DOUGLAS
Address: 18151 NW JOHN F. BAILEY RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: ST ( ) Delete
Name: HURDLE, LINDA
Address: P.O. BOX 7546
City-St-Zip: TIFTON, GA 31793

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: WESTER, JARRED REV
Address: P.O. BOX 1292
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: PENNINGTON, KRISTY
Address: 21769 N.E. W.L. GODWIN ROAD
City-St-Zip: BLOUNTSTOWN, FL 32424 US

Title: MEM ( ) Change (X) Addition
Name: STUKEY, MARVIN
Address: 1595 NEARING HILLS CIRCLE
City-St-Zip: CHIPLEY, FL 32428 US

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: GEORGE E. LEWIS PRES 04/29/2008

Electronic Signature of Signing Officer or Director — Date