

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90006 031 ****61.25

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| DOCUMENT # N05000011626 |  |
| 1. Entity Name TRANSFORMED RELEASE CONVERSION PRISON MINISTRY, INC | |

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| Principal Place of Business P. O. BOX 9657 ST. LUCIE, FL 34985-9657 | Mailing Address P. O. BOX 9657 ST. LUCIE, FL 34985-9657 |
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40100070



07152006 Chg-NP CR2E037 (4/06)

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| 2. Principal Place of Business 943 SE Breakwater Ave Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State Port St. Lucie, FL | City & State |
|---|-------------------------|

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|---------------------|-----------------------------|------------|----------------|
| Zip 34983 | Country St. Lucie | Zip | Country |
|---------------------|-----------------------------|------------|----------------|

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| 4. FEI Number 20-3810072 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent STEAKIN, WILLIAM 943 SE BREAKWATER AVE. PORT ST. LUCIE, FL 34983 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 *William Steakin President* **DATE** 7-17-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by September 6, 2006 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|--|
| TITLE PD | NAME STEAKIN, WILLIAM STREET ADDRESS 943 SE BREAKWATER AVE. CITY-ST-ZIP PORT ST. LUCIE, FL 349839657 | <input type="checkbox"/> Delete | TITLE VP |
| TITLE SD | NAME STEAKIN, ANN STREET ADDRESS 943 SE BREAKWATER AVE. CITY-ST-ZIP PORT ST. LUCIE, FL 349839657 | <input type="checkbox"/> Delete | NAME DONALD STILLER STREET ADDRESS 3575 ELEVEN mile RD. CITY-ST-ZIP FT PIERCE, FL 34954 |
| TITLE NAME | STREET ADDRESS | <input type="checkbox"/> Delete | TITLE DIRECTOR |
| CITY-ST-ZIP | | | NAME DR SHAWN DUFFY STREET ADDRESS 3823 SW REVERECT, CITY-ST-ZIP PORT ST LUCIE, FL 34986 |
| TITLE NAME | STREET ADDRESS | <input type="checkbox"/> Delete | TITLE DIRECTOR |
| CITY-ST-ZIP | | | NAME GARY MARZO STREET ADDRESS 8150 SARATOGA WAY CITY-ST-ZIP PORT ST LUCIE, FL 34986 |
| TITLE NAME | STREET ADDRESS | <input type="checkbox"/> Delete | TITLE DIRECTOR |
| CITY-ST-ZIP | | | NAME KIM ARROGANCIA STREET ADDRESS 209 SW INWOOD AVE CITY-ST-ZIP PORT ST LUCIE, FL 34984 |
| TITLE NAME | STREET ADDRESS | <input type="checkbox"/> Delete | TITLE DIRECTOR |
| CITY-ST-ZIP | | | NAME ANTONIO LAPENNA STREET ADDRESS 1417 SE DAYNARD ST CITY-ST-ZIP PORT ST LUCIE, FL 34983 |
| TITLE NAME | STREET ADDRESS | <input type="checkbox"/> Delete | TITLE |
| CITY-ST-ZIP | | | NAME |

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: *William Steakin President* **DATE** 7-17-06 **Daytime Phone #** 446-7404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR