## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N05000011626

1. Entity Name
TRANSFORMED RELEASE CONVERSION PRISON



FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90087 038 \*\*\*\*61.25

MINISTRY, INC								
Principal Place of Business 943 SE BREAKWATCH AVE- PORT SAINT LUCIE, FL 34983		Mailing Address P. O. BOX 9657 ST. LUCIE, FL 34985-9657		400	40046937			
	tace of Business - No P.O. Box #	3. Mailing Address						
	BREAKWATER AU				a 1 Amil 60)(6 46(4) 85(4) 66(2) (164) (1	SIG Affin HAIN SH	1121 El 1621	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272007	Chg-NP CR2E0	37 (12/06)		
City & State		City & State		4. FEI Number 20-38100	72	_ <del>                                    </del>	plied For t Applicable	
Złp	Country	Zip	Country	5. Certificate of S	5. Certificate of Status Desired Serviced Serviced Fee Required			
	6. Name and Address of Current R	egistered Agent		7. Name and Ad	dress of New Registered	Agent		
STEAKIN, WILLIAM			Name	Name				
943 SE BREAKWATER AVE. PORT ST. LUCIE, FL 34983				Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement for	the purpose of changing its r	egistered office or regi	stered agent, or both, i		familiar with,	and accept	
the obligat	ions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agent at	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature req	uired when reinstating)	DATE			
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2007 Trust Fund Con			\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHANG	GES TO OFFICERS AND DI	RECTORS IN	10	
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	STEAKIN, WILLIAM 943 SE BREAKWATER AVE.		NAME STREET ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE, FL 349839657		CITY-ST-ZIP					
TITLE	SD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	STEAKIN, ANN 943 SE BREAKWATER AVE.		NAME STREET ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE, FL 349839657		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE		····	☐ Change	Addition	
NAME	STILLER, DONALD		NAME					
STREET ADORESS CITY-ST-ZIP	3575 ELEVEN MILE RD FORT PIERCE, FL 34954		STREET ADDRESS CITY-ST-ZIP					
_ TITLE	- TORT FIEROE, FE 34334	☐ Delete	TITLE			Change	Addition	
NAME		C Colore	NAME			C Griange		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		<del>_</del>	CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME CTREET ADDRESS			NAME CTREET ADDRESS					
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	Cortifu that the information avantice and the	his filing does get quality to	.f	ned in Chapter 110 Ct	orida Statutos I further	in that the '-	formation	
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that m	y signature shall have t	the same legal effect as	s if made under oath; that I	am an officer	or director	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date