

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011626

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** TRANSFORMED RELEASE CONVERSION PRISON MINISTRY, INC

**Current Principal Place of Business:**

943 SE BREAKWATER AVE  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 9657  
ST. LUCIE, FL 349859657

**New Mailing Address:**

**FEI Number:** 20-3810072      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STEAKIN, WILLIAM  
943 SE BREAKWATER AVE.  
PORT ST. LUCIE, FL 34983      US

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: PD      ( ) Delete  
Name: STEAKIN, WILLIAM  
Address: 943 SE BREAKWATER AVE.  
City-St-Zip: PORT ST. LUCIE, FL 349839657

Title: SD      ( ) Delete  
Name: STEAKIN, ANN  
Address: 943 SE BREAKWATER AVE.  
City-St-Zip: PORT ST. LUCIE, FL 349839657

Title: VP      ( ) Delete  
Name: STILLER, DONALD  
Address: 3575 ELEVEN MILE RD  
City-St-Zip: FORT PIERCE, FL 34954

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: PRES      ( ) Change (X) Addition  
Name: STEAKIN, WILLIAM T PRES  
Address: 943 SE BREAKWATER AVE  
City-St-Zip: PORTSAINTLUCIE, FL 34983

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: MR WILLIAM STEAKIN

PRES

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date