

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37182

(5)

1. Corporation Name

PRISONERS OF CHRIST, INC.

Principal Place of Business

Mailing Address

112 W ADAMS ST  
SUITE 725  
JACKSONVILLE FL 32202  
US

P.O. BOX 28159  
JACKSONVILLE FL 32226  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

COOPER, KENNETH L.  
2843 BROWARD RD.  
JACKSONVILLE FL 32218

3. Date Incorporated or Qualified

03/21/1990

4. FEI Number

59-3004784

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0506, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COOPER, KENNETH L.  
STREET ADDRESS 2843 BROWARD RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME BEARDSLEY, FLOYD B.  
STREET ADDRESS 5554 CONNIE RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME ELLISON, KENNETH  
STREET ADDRESS 2851 BROWARD RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE

NAME GLOCKER, THEODORE W. JR.  
STREET ADDRESS 2532 GULF LIFE TOWER  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME GAY, W.W.  
STREET ADDRESS 524 STOCKTON ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE

NAME WILKERSON, RICHARD  
STREET ADDRESS 5011 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-98

(954)  
355-8866

CR2E037 (5/98)