

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N37182

1. Entity Name

PRISONERS OF CHRIST, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

2576 EDISON AVENUE
JACKSONVILLE FL 32204
US

Mailing Address

P.O. BOX 28159
JACKSONVILLE FL 32226
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3004784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

PALMER, DANIEL O
2576 EDISON AVENUE
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PAXSON, WESLEY SR MR	
STREET ADDRESS	801 PONTE VEDRA BLVD	
CITY- ST- ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GAY, W W	
STREET ADDRESS	524 STOCKTON STREET	
CITY- ST- ZIP	JACKSONVILLE FL 32204	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TOWERS, CHARLES D JR MR	
STREET ADDRESS	4589 ORTEGA BLVD	
CITY- ST- ZIP	JACKSONVILLE FL 32210	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SELAUNDER, GUY T MR	
STREET ADDRESS	2716 VIA BAYA LANE	
CITY- ST- ZIP	JACKSONVILLE FL 32223	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AUSTIN, ED MR	
STREET ADDRESS	2970 ST JOHNS AVE #6A	
CITY- ST- ZIP	JACKSONVILLE FL 32205	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PEARCE, FRANK	
STREET ADDRESS	9218 CYPRESS GREEN DRIVE	
CITY- ST- ZIP	JACKSONVILLE FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000598680
CITY- ST- ZIP	01/24/07-80087-006 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy T. Selander, Jr.

Guy T. Selander, Jr. January 18, 2007

(904) 358-8866