

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39516

FILED  
Mar 13, 2010  
Secretary of State

**Entity Name:** MATTHEW 25: PRISON OUTREACH, INC.

**Current Principal Place of Business:**

C/O LINDA ROBSON  
54 OCEANWAY AVE  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

C/O LINDA ROBSON  
514 NEW BERLIN ROAD  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

C/O LINDA ROBSON  
P.O. BOX 189  
CALLAHAN, FL 32011 US

**New Mailing Address:**

**FEI Number:** 59-3030158      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ROBSON, LINDA  
12633 PULASKI RD.  
JACKSONVILLE, FL 32218 US

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

ROBSON, LINDA F REV.  
12633 PULASKI RD.  
JACKSONVILLE, FL 32218 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: LINDA F. ROBSON

03/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SDSP  
Name: ROBSON, LINDA  
Address: 12633 PULASKI RD.  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TD  
Name: WHITE, AMERICUS  
Address: 43 KATHERINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D  
Name: HOPSON, BETTY A  
Address: 16211 FRANDERSON LANE  
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA F. ROBSON

REV.

03/13/2010

Electronic Signature of Signing Officer or Director

Date