

FILE NOW: FILING FEE IS \$61.25

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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001697 (1)

1. Corporation Name

PEPE CASTILLO PRISON MINISTRY, INC.



Principal Place of Business	Mailing Address
1209 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312	1209 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312

2. Principal Place of Business	2a. Mailing Address
21 2611 N. HIATUS ROAD Suite, Apt. #, etc.	26 2611 N. HIATUS ROAD Suite, Apt. #, etc.
22 SUITE 112 City & State	27 SUITE 112 City & State
23 COOPER CITY FL. Zip	28 COOPER CITY FL. Zip
24 33026	29 33026
25 USA	30 USA

3. Date Incorporated or Qualified	04/06/1994
4. FEI Number	65-0474260
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNARD, MICHAEL R 1209 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, PEPE	1.2 NAME	
STREET ADDRESS	1209 WEST BROWARD BOULEVARD	1.3 STREET ADDRESS	2611 N. HIATUS RD., STE. #112
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	COOPER CITY, FL. 33026
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, MICHAEL R	2.2 NAME	
STREET ADDRESS	1209 WEST BROWARD BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, C.C.	3.2 NAME	C. C. ROBINSON
STREET ADDRESS	2600 NORTH FLAGLER DRIVE	3.3 STREET ADDRESS	2600 NORTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL.
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, JOAN	4.2 NAME	
STREET ADDRESS	2031 N.W. 192ND TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address.

SIGNATURE PEPE CASTILLO 4/10 98 (954) 442-9629

CR2E037 (10/97)