## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90263 008 \*\*\*\*61.25

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DOCUI	MENT # N940000	001697				•				
PEPE CASTILLO PRISON MINISTRY, INC.					-	) INDIVIDUALE BURN BURN BURNE TERRI BUN				
•		•					4 5 451495 - 90263 - 8			
Drincinal Place	e of Business	Mailing Address				\			<i>;</i> ·	
2611 N HIATUS	the state of the s	2611 HIATUS RD			. 1	i 188jari bis	LENG BIRLI SENI BENG ESNI ASIN	O O O O O O O O O O O O O O O O O O O	(A) ( <b>86</b> ) ( <b>86</b> )	
SUITE 112	3 NO ,	SUITE 112								
COOPER CITY	FL 33026	COOPER CITY FL 33026			ļ.	1 18811191 910 I	(811) SION BONN BONN BONN ADNK I	I <b>gis</b> t mand blue 190	(III S <b>BA</b> C IBA)	
US		US			1	; .		*,		
		70 86 Wan Adda.		,		3. Date Incorpora	atod or Qualifod	· · ·		
— ·	lace of Business	2a. Mailing Address			. }	04/06/1994		,	<u> </u>	
Suite, Apt.	# etc	Suite, Apt. #, etc.			<u> </u>	4. FEI Number		ADI	plied For	
22	,, ,,	27				65-0474260	)		Applicable	
City & Stat	te .	City & State				E Contiform of C	tetus Decired	\$8.75 A	dditional	
23		28				5. Certifcate of S	tatus Desired	. Fee Re	quired	
Zip	Country	Zip	Coun	try		6. Election Camp	aign Financing	\$5.00		
24	25		30			Trust Fund Co	ntribution	Added to	o Fees	
	9. Name and Address of Current	Registered Agent		81 Nam		10. Name and Ad	Idress of New Registered	Agent		
			)'			<u> </u>				
	, MICHAEL R	•		B2 Stre	et Address	(P.O. Box Number	er is Not Acceptable)			
	T BROWARD BOULEVARD		<u> </u>	83						
FORT LAL	JDERDALE FL 33312	•	Ĺ							
			[1	B4 City			FI	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes	s. the ab	ove-nam	ed corpora	tion submits this s	tatement for the purpose of	f changing its	registered	
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au	thorized	by the co	prporation's	board of directors	s. I hereby accept the appo	ointment as reg	gistered	
	m tamiliar with, and accept the boligate	ons of, Section 617.0303, From	ua Statu	. <del></del>						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered A	gent signatu	required wh		DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CH	IANGES TO OFFICERS A			
TITLE	PD	☐ DELETE	1.1 TITE	E	ļ			Change	☐ Addition	
NAME	CASTILLO, PEPE		1.2 NAA	Æ						
STREET ADDRESS	2611 N HIATUS RD, SUITE 112		1.3 STR	EET AODRE	ss					
CITY-ST-ZIP	COOPER CITY FL 33026		-	r-ST-ZIP		·	<u>, , , , , , , , , , , , , , , , , , , </u>	. C.C.	- Addition	
TITLE	DVP	☐ DELETE	2,1 1111				4	☐ Change	Addition	
NAME	BARNARD, MICHAEL R	100	2.2 NAA				,	•	Į	
STREET ADDRESS		WIN		EET ADDRE	88		جين ت <sub>ا</sub> يم		4	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312 DVP	☐ DELETE	2. 4 CfT 3.1 TfTL	Y-ST-ZIP	<del> </del> -	<u> </u>		☐ Change	Addition	
NAME	ROBINSON, C.C.	, Deceie	3.2 NAM		-					
NAME STREET ADDRESS	ASSESSMENT OF A OUT OF DOUG		1	EET ADORE	ss	·	<i>:</i>		į	
CITY-ST-ZIP	WEST PALM BEACH FL	•		Y-ST-ZIP						
TITLE	(NEOT FREN DE NOTTE	☐ DELETE	4.1 TITL		<u> </u>			☐ Change	☐ Addition	
NAME	;		4. 2 NA	ME	1					
STREET ADDRESS			4.3 STR	EET ADDRE	ss	•				
CITY-ST-ZIP			4.4 CIT	/ CT 71D					ı	
TITLE			711 - 417	1-31-ZIF						
		☐ DELETE	5.1 ∏∏L	E ,				☐ Change	Addition	
NAME		☐ DELETE	5.1 TITL 5.2 NAM	E Æ			,	☐ Change	☐ Addition	
		☐ DELETE	5.1 TITL 5.2 NAM 5.3 STR	E ME REET ADDRE	ess			☐ Change	☐ Addition	
NAME			5.1 TITL 5.2 NAA 5.3 STR 5.4 CITY	E ME REET ADDRE V-ST-ZIP	ess					
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL	E //EET ADDRE /-ST-ZIP E	ess			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Alter a top a second		5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	E //EET ADDRE /-ST-ZIP E						

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.