


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90021 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003504

1. Corporation Name

SON BEAM PRISON MINISTRIES, INC.

Principal Place of Business

% LEN GONGOLA
380 CINNAMON DR
SATELLITE BEACH FL 32937

Mailing Address

% LEN GONGOLA
380 CINNAMON DR
SATELLITE BEACH FL 32937



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/15/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	91-1925573	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GONGOLA, LEN
380 CINNAMON DR
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	LEN Gongola
STREET ADDRESS		1.3 STREET ADDRESS	380 CINNAMON DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	PAULINE GONGOLA
STREET ADDRESS		2.3 STREET ADDRESS	380 CINNAMON DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	TONY ROSSI
STREET ADDRESS		3.3 STREET ADDRESS	340 PARK AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	VIRGIL MITTLBERG
STREET ADDRESS		4.3 STREET ADDRESS	6331 ELLINGTON RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	QUINCEY IL 62301-9577
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	DR FRANCIS BRADLEY
STREET ADDRESS		5.3 STREET ADDRESS	427 TIMBERLAKE DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MELBOURNE FL 32940
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, with all other like empowered.

SIGNATURE:

Len Gongola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99 (407) 777-4612
Date Daytime Phone #

CR2E037 (11/98)