

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003504

1. Entity Name

SON BEAM PRISON MINISTRIES, INC.

Principal Place of Business

Mailing Address

% LEN GONGOLA  
380 CINNAMON DR  
SATELLITE BEACH FL 32937

% LEN GONGOLA  
380 CINNAMON DR  
SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1925573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONGOLA, LEN  
380 CINNAMON DR  
SATELLITE BEACH FL 32937

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GONGOLA, LEN  
STREET ADDRESS 380 CINNAMON DR  
CITY-ST-ZIP SATELLITE BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME GONGOLA, PAULINE  
STREET ADDRESS 380 CINNAMON DR  
CITY-ST-ZIP SATELLITE BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME ROSSI, TONY  
STREET ADDRESS 340 PARK AVE  
CITY-ST-ZIP SATELLITE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MITTLBERG, VIRGIL  
STREET ADDRESS 6331 ELLINGTON RD  
CITY-ST-ZIP QUINCY IL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BRADLEY, FRANCIS  
STREET ADDRESS 427 TIMBERLANE LAKE DR  
CITY-ST-ZIP MELBORNE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

Tony Rossi / Secretary / Treasurer

3/12/02

321-779-9466

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90022 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)