

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003504

1. Entity 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**



01102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1925573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GONGOLA, LEN
380 CINNAMON DR
SATELLITE BEACH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GONGOLA, LEN 380 CINNAMON DR SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GONGOLA, PAULINE 380 CINNAMON DR SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSSI, TONY 340 PARK AVE SATELLITE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADLEY, FRANCIS 427 TIMBERLANE LAKE DR MELBORNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/15/04-80039-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, Treasurer/Secretary 1/12/04 321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #