

FILED
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Secretary of State

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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 # N98000004947

1. Corporation Name
CHRISTIAN FELLOWSHIP PRISON MINISTRY INC.

Principal Place of Business 840 N.W. 168 DR. MIAMI FL 33169	Mailing Address 840 N.W. 168 DR. MIAMI FL 33169
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 08/28/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0868341
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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		10. Name and Address of New Registered Agent	
WASHINGTON, WILLIAM EARL SR 840 N.W. 168 DR. MIAMI FL 33169		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MARY WASHINGTON
STREET ADDRESS		1.3 STREET ADDRESS	740 N.W. 168 DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI FL 33169
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	HERMAN DAVIS JR
STREET ADDRESS		2.3 STREET ADDRESS	19433 NW 79 COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33015
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BEN NELSON
STREET ADDRESS		3.3 STREET ADDRESS	13000 N.W. 19 AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL. 33054
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	JRSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	L.B. MC COY
STREET ADDRESS		4.3 STREET ADDRESS	1025 N.W. 129 TOLLAGE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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: W. WASHINGTON 11/15/99 305-621-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William Earl Sr.
 WILLIAM WASHINGTON SR.

CR2E037 (1/198)