

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002173

FILED  
May 15, 2005  
Secretary of State

Entity Name: JOSHUA PRISON MINISTRIES, INC.

## Current Principal Place of Business:

1500 POPHAM DR  
B-27  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

## Current Mailing Address:

1500 POPHAM DR  
B-27  
FORT MYERS, FL 33919 US

## New Mailing Address:

FEI Number: 65-0937618 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

FAIRCLOTH, RUDOLPH G  
1500 POPHAM DR  
B-27  
FORT MYERS, FL 33919 US

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FAIRCLOTH, RUDOLPH G  
Address: 1500 POPHAM DR #B-27  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: FAIRCLOTH, JULIE M  
Address: 1500 POPHAM DR #B-27  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: OLIVE, KATHRYN E  
Address: 2736 NE 103RD AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: NELSON, RAYMOND  
Address: 428 CAMDEN AVE.  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: OLIVE, JOEL  
Address: 2736 NE 103RD AVE  
City-St-Zip: OKEECHOBEE, FL 34974

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDOLPH G FAIRCLOTH

D

05/15/2005

Electronic Signature of Signing Officer or Director

Date