


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N99000003219 1. Entity Name BOOKS FOR PRISONS OF FLORIDA, INC.		
Principal Place of Business 2321-B NW 41 STREET GAINESVILLE, FL 32606	Mailing Address 2321-B NW 41 STREET GAINESVILLE, FL 32606	
DO NOT WRITE IN THIS SPACE		



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1662084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIONET, CLIFFORD L
 2321-B NW 41 STREET
 GAINESVILLE, FL 32606

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

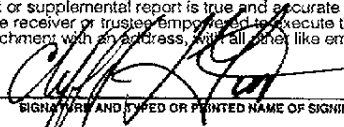
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIONET, CLIFFORD L 2321-B NW 41 STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERSTORFF, PEGGY J 2321-B NW 41 STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIONET, JASON C 2321-B NW 41 STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/15/04-80006-014 61.25

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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:  _____ **DATE:** 1/12/04 **DAYTIME PHONE #:** (352) 375-8195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR