

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 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



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1662084 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007

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

U00000584400
 01/12/07-80036-010 61.25

10. OFFICERS AND DIRECTORS

TITLE D
 NAME GIONET, CLIFFORD L
 STREET ADDRESS 2321-B NW 41 STREET
 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D
 NAME PIERSTORFF, PEGGY J
 STREET ADDRESS 2321-B NW 41 STREET
 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D
 NAME GIONET, JASON C
 STREET ADDRESS 2321-B NW 41 STREET
 CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

(352) 375-8195

Daytime Phone #