FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
[illegible] OF STATE
[illegible] CORPORATIONS
95 JUL 25 AM 8:09

DOCUMENT # 768901 (1)

1. Corporation Name
SOUTH FLORIDA JAIL MINISTRIES, INC.

Principal Place of Business	Mailing Address
418 S.W. RAILROAD AVE. HOMESTEAD FL 33030 US	418 S.W. RAILROAD AVE. HOMESTEAD FL 33030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2471230 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 22790 S. W. 112th Ave
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33170-7602 Country 25

2a. Mailing Address
26 22790 S. W. 112th Ave
Suite, Apt. #, etc. 27
City & State 28 Miami, Florida
Zip 29 33170-7602 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARBO, JOSE
609 BRICKELL
2ND FL.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	☐ Change ☐ Addition
NAME	HORTON, G. DAVID DR	12 NAME	
STREET ADDRESS	17025 NW 22ND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BULLMAN, DICK	22 NAME	
STREET ADDRESS	1104 FERDINAND AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ARTHUR	32 NAME	
STREET ADDRESS	1350 NW 95TH STREET	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, JOSE E DR	42 NAME	
STREET ADDRESS	1321 NW 13TH STREET	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	AYERS, GEORGIA J	52 NAME	
STREET ADDRESS	710 NW 62ND STREET	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CARBO, JOSE	62 NAME	
STREET ADDRESS	8855 SW 54TH STREET	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] DR JOSE E HERNANDEZ 07-11-95 (305) 235-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005717