

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90081 003 ****70.00

DOCUMENT # 768901

1. Corporation Name

SOUTH FLORIDA JAIL MINISTRIES, INC.

240226 - 90081 - 3

Principal Place of Business

22790 S.W. 112 AVE
MIAMI FL 33170
US

Mailing Address

22790 S.W. 112 AVE
MIAMI FL 33170
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/13/1983

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2471230

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARBO, JOSE
8855 S.W. 54 ST.
MIAMI FL 33165

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TR ☐ DELETE

NAME HERNANDEZ, JOSE E DR

STREET ADDRESS 1321 NW 13TH STREET

CITY-ST-ZIP MIAMI FL

1.1 TITLE

FOUNDER & EXEL DIR. ☒ Change ☐ Addition

NAME HERNANDEZ, JOSE E DR

STREET ADDRESS 1321 NW 13TH STREET

CITY-ST-ZIP MIAMI FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE TR ☐ DELETE

NAME AYERS, GEORGIA J

STREET ADDRESS 710 NW 62ND STREET

CITY-ST-ZIP MIAMI FL

2.1 TITLE

☐ Change

☐ Addition

NAME AYERS, GEORGIA J

STREET ADDRESS 710 NW 62ND STREET

CITY-ST-ZIP MIAMI FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TR ☐ DELETE

NAME CARBO, JOSE

STREET ADDRESS 8855 SW 54TH STREET

CITY-ST-ZIP MIAMI FL

3.1 TITLE

☐ Change

☐ Addition

NAME CARBO, JOSE

STREET ADDRESS 8855 SW 54TH STREET

CITY-ST-ZIP MIAMI FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TR ☐ DELETE

NAME BARO, ALICIA S DR

STREET ADDRESS 271 NW 64 AVE

CITY-ST-ZIP MIAMI FL 33126

4.1 TITLE

☐ Change

☐ Addition

NAME BARO, ALICIA S DR

STREET ADDRESS 271 NW 64 AVE

CITY-ST-ZIP MIAMI FL 33126

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE TR ☐ DELETE

NAME BULLMAN, DICK

STREET ADDRESS 131 MADEIRA AVENUE

CITY-ST-ZIP CORAL GABLES FL 33134

5.1 TITLE

☐ Change

☐ Addition

NAME BULLMAN, DICK

STREET ADDRESS 131 MADEIRA AVENUE

CITY-ST-ZIP CORAL GABLES FL 33134

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE TR ☐ DELETE

NAME DEFOOR, J. ALLISON II

STREET ADDRESS 90130 OLD HIGHWAY

CITY-ST-ZIP TAVERNIER FL 33070

6.1 TITLE

☐ Change

☐ Addition

NAME DEFOOR, J. ALLISON II

STREET ADDRESS 90130 OLD HIGHWAY

CITY-ST-ZIP TAVERNIER FL 33070

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

JOSE E. HERNANDEZ 2/1/99 305 235 764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

768921

**SOUTH FLORIDA JAIL MINISTRIES, INC.
AGAPE WOMEN'S CENTER
BOARD OF TRUSTEES**

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768901

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President