2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 768901

1. Entity Name
SOUTH FLORIDA JAIL MINISTRIES, INC.

Principal Place of Business	Mailing Address
22790 S.W. 112 AVE MIAMI, FL 33170 US	22790 S.W. 112 AVE MIAMI, FL 33170 US

04272004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2471230
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, NORMAN C
C/O BILZEN SUMBERG BAENA PRICE & AXELROD
200 S. BISCAYNE BLVD., STE. 2500
MIAMI, FL 33170

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000146204
05/03/04 00055-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	FD
NAME	HERNANDEZ, JOSE E DR
STREET ADDRESS	1321 NW 13TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	TR
NAME	AYERS, GEORGIA J
STREET ADDRESS	710 NW 62ND STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	TR
NAME	PEREZ, CLAUDIO
STREET ADDRESS	15255 SW 200TH ST
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	TR
NAME	OTT, WALTER J
STREET ADDRESS	7735 NW 53RD ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	TR
NAME	CARBO, JOSE
STREET ADDRESS	8855 SW 54TH ST
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	P
NAME	WISE, JAMES C REV
STREET ADDRESS	11591 SW 220TH ST
CITY-ST-ZIP	GOULDS, FL 33170

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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: _____ 4/27/04 305-235-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #