

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768901

FILED
Feb 10, 2007
Secretary of State

Entity Name: SOUTH FLORIDA JAIL MINISTRIES, INC.

Current Principal Place of Business:

22790 S.W. 112 AVE
MIAMI, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

22790 S.W. 112 AVE
MIAMI, FL 33170 US

New Mailing Address:

FEI Number: 59-2471230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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 US

Name and Address of New Registered Agent:

HERNANDEZ, SANDRA
22790 SW 112 AVE
MIAMI, FL 33170 US

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.

SIGNATURE: SANDRA HERNANDEZ

02/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FD () Delete
Name: HERNANDEZ, JOSE E DR
Address: 1321 NW 13TH STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: AYERS, GEORGIA J
Address: 710 NW 62ND STREET
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: PEREZ, CLAUDIO M
Address: 22790 SW 112 AVE
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: VANDER WAL, RAY DR
Address: 10300 SW 52 TERR
City-St-Zip: MIAMI, FL 33165

Title: STD () Delete
Name: CARBO, JOSE
Address: 8855 SW 54TH ST
City-St-Zip: MIAMI, FL 33165

Title: CD () Delete
Name: WISE, JAMES C REV
Address: 11591 SW 220TH ST
City-St-Zip: GOULDS, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FD (X) Change () Addition
Name: HERNANDEZ, JOSE E DR
Address: 22790 SW 112 AVE
City-St-Zip: MIAMI, FL 33170

Title: D (X) Change () Addition
Name: AYERS, GEORGIA J
Address: 22790 SW 112 AVE
City-St-Zip: MIAMI, FL 33170

Title: PCEO (X) Change () Addition
Name: PEREZ, CLAUDIO M
Address: 22790 SW 112 AVE
City-St-Zip: MIAMI, FL 33170

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO M PEREZ

P

02/10/2007

Electronic Signature of Signing Officer or Director

Date