

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768901

FILED  
Apr 24, 2008  
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:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

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

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 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

04/24/2008

Electronic Signature of Signing Officer or Director

Date