7

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768901  1. Entity Name SOUTH FLORIDA JAIL MINISTRIES, INC.				FILED  03 MAY -1 PM 1:00				
Principal Place of Business Malling Address 22790 S.W. 112 AVE NIANI, FL 33170 US MIANI, FL 33170 US			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF N	MAKING CHANGES		
City & State City & State				4. FEI Number 59-2471230			Applied For Not Applicable	
Zip Country	Zip	Cou	intry	5. Certificate of S		S8.75 Add Fee Require		
6. Name and Address of Current R SANCHEZ-MEDINA, ROLAND J MILDERMOTT, WILL & ZMERY 201 S BISCAYNE BLVD MIAMI, FL 33170  8. The above named entity submits this statement for		renistera	200 S CIN MI	EMAN C PO. BOX NUMBER IS UMBERGB. OUTH BISC	AENA YRICI AYNE BL	E EHLELLO VCP, STR. 2 FL ZIDCOO	2520 \$170	
the boligations of registered agent.  Signature Signature, typed or printed none of registrad agent at FILE NOW: FEE:IS:\$61:25.	NORMAN C.	Power Registered	हाँ ८ प्रमाणकार क्यांक्व		Make	DATE  Check Payable Department of 5	ło	
10. OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN		
NAME HERNANDEZ, JOSE E DR STREET ADDRESS CITY-ST-ZP MIAMI, FL	□ Delete			<b>8</b> 0 07/24/	00217 0301064-	□ Change '66778 002 **70,	Addition 20/01) Addition 280	
NAME AYERS, GEORGIA J STREET ADDRESS CITY-ST-2P MIAMI, FL	□ Delete		J			☐ Change	Addition	
TR NAME PEREZ, CLAUDIO STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187	. Delete	1				Change	Addition	
TR  NAME OTT, WALTER J  STREET ADDRESS 7735 NW 53RD ST.  CITY-ST-ZP MIAMI, FL 33166	☐ Delete					☐ Change	Addition	
TITLE TR NAME CARBO, JOSE STREET ADDRESS CITY-ST-ZP MIAMI, FL 33165	□ Delete		j.			☐ Change	Addition	
TITLE P NAME WISE, JAMES C REV STREET ADDRESS 11591 SW 220TH ST CITY-ST-2P GOULDS, FL 33170	□ Delete					☐ Change	Addition	
12. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, with supplied to the supplied of the suppl	rue and accurate and that mered to execute this report a th all other like empowered.	y signatu as require	ure shall have the sed by Chapter 617	ame legal effect as , Florida Statutes; ar	if made under oath:	that I am an officer	or director Block 11 if	

## \* ~STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
TLORINA in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: South Floring Jail MINISTRIES IN
2. The principal office address: 22790 SW 11274 AVENUE Miami  FLORIDA 33170
3. The mailing address (if different):
7/2/0-1
4. Date of incorporation/qualification: $\frac{6/13/83}{}$ Document number: $\frac{768901}{}$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ROLAND SANCHEZ-MEDINA
MILDERMOTT, WILL & ZMERY
201 South Biscayne BLVO'
MIAMI 46 3370
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): NORMAN C. POWELL BILZEN, SUMBERB, BAENA PRICE ZAXEL ROOLLP
200 S. DISCAYNE BLUD Suite 2500 (P.O. Box of personal mailbox NOT acceptable)
MIQUI FL 33131-5340
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer, chairman or vice chairman of the board)  DINECTOR OF OPENATIONS  (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: South Floriph Jail MINISTRIES Inc (Name of corporation)
DOCUMENT NUMBER: 768901
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
David M. Malder  (Name of person)
South LloRiDA Ja, LM, nistriEs Inc (Name of firm/company)
22790 SW 1/2 Avenue
Midni fl 33170 (City/state and zip code)
For further information concerning this matter, please call:
DAVIN M. Mulder at (385) 235-2616 (Name of person) (Area code & daytime telephone number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399