
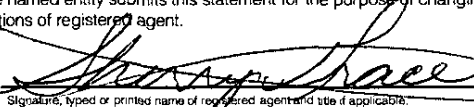
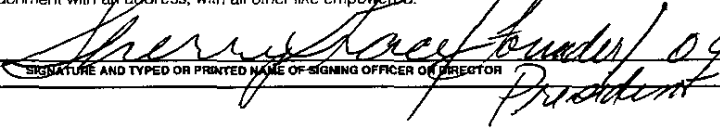


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90061 007 ****70.00

DOCUMENT # N01000003703 1. Entity Name MOTHERS OF INCARCERATED SONS, INC.			
Principal Place of Business 109 CUMBERLAND CIRCLE E. LONGWOOD, FL 32779		Mailing Address P.O. BOX 160576 ALTAMONTE SPRINGS, FL 32716 US	
2. Principal Place of Business 5039 NORTH LANE SUITE 8 ORLANDO, FL 32808 U.S.		3. Mailing Address 160576 P.O. Box Altamonte Springs, FL 32716 U.S.	
City & State ORLANDO, FL		City & State Altamonte Springs, FL	
4. FEI Number 59-3731742		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04132004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GRACE, SHERRY 109 CUMBERLAND CIRCLE E. LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 04-13-04 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FED <input type="checkbox"/> Delete GRACE, SHERRY 109 CUMBERLAND CIRCLE E LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHIRLEY WALKER 650 CANBY CIRCLE OCFEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SIMONS, PAMELA 253 SPRINGS COLONS CIRCLE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CECIL J. HOLLAR 112 LAKE DARBY PL. COTTA, FL 34724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete REED, STANTON 2356 NOTTINGHAM ST ORLANDO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CEO/FOUNDER <input type="checkbox"/> Change <input type="checkbox"/> Addition SHERRY GRACE 109 CUMBERLAND CIRCLE E. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  04-13-04 407-389-1416 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			