

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# N02000008255

Entity Name: JAIL MINISTRIES & OUTREACHES, INC.

**Current Principal Place of Business:**

101 LISA ANN TRAIL  
PALATKA, FL 32178

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1014  
PALATKA, FL 32178

**New Mailing Address:**

FEI Number: 65-1162175      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, JAMES P  
101 LISA ANN TRAIL  
PALATKA, FL 32178      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: PD ( ) Delete  
Name: WILLIAMS, JAMES P  
Address: 101 LISA ANN TRAIL  
City-St-Zip: PALATKA, FL 32177

Title: VT ( ) Delete  
Name: CAMPBELL, CATHY  
Address: 104 RIVER OAK COURT  
City-St-Zip: EAST PALATKA, FL 32131

Title: T ( ) Delete  
Name: TREMBLY, ROY  
Address: 194 YELVINGTON ROAD  
City-St-Zip: EAST PALATKA, FL 32131

**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:

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: JAMES P. WILLIAMS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date