2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02000003071

1. Entity Name

SPANISH JAIL MINISTRY; INC.



FILED Feb 14, 2007 08:00 A Secretary of State

Principal Place of Business

322 WOODBURY PINES CIRCLE ORLANDO, FL 32828

Mailing Address

322 WOODBURY PINES CIRCLE ORLANDO, FL 32828



01042007 No Chg-NP

CR2E037 (4/06)

_	Cartificate of Status Desired	\$8.7	75
	38-3648091	/	
4.	FEI Number		
			_

5. Certificate of Status Desir

\$8.75 Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

CARDENAS, MARCO DR. 322 WOODBURY PINES CIRCLE ORLANDO, FL 32828

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 abligations of spatianced agent.										
the obligations of registered agard.										
SIGNATURE DR. MARCO CARPENAS 2/8/07 Signature, field of printed name of tegistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
. —— argumana, apasa or printasa raminasa (gynetaria algant ano sita it appilicabila (NOTC nagastra do Algant Signistra radunato milan ramispilang) OATC										
	Filing Fee is \$61.25	9. Election Campaign Financ	ing _	\$5.00 May Be	•					
·· ·	Due by May 1, 2007	Trust Fund Contribution.	Ш	Added to Fees						
10.	OFFICERS AND DIRE	CTORS								
TITLE	TD									
NAME	RODRIGUEZ, ELOY									
STREET ADDRESS	1053 SOPHIE BLVD				U0000000010					
CITY-ST-ZIP	ORLANDO, FL 32828				U00000636419 02/26/07-80015-025 70.00					
TITLE	SD				0E/E0/0/ 00013 0E3 10.00					
NAME STREET ADDRESS	GONZALEZ, LEONARDO									
CITY-ST-ZIP	951 WHARF LANE ORLANDO, FL 32828	·								
TITLE	ORDANDO, FE 32626									
NAME										
STREET ADDRESS				D 0	NOT WOLLE					
CITY-ST-ZIP				טט	NOT WRITE					
TITLE				INI 1	THIS SPACE					
NAME				114	THIS SPACE					
STREET ADDRESS										
CITY-ST-ZIP										
TITLE										
NAME					,					
STREET ADDRESS CITY-ST-ZIP					• • • • • • • • • • • • • • • • • • • •					
TITLE NAME					•					
STREET ADDRESS					••					
CITY-ST-ZIP										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information										
indicated of the cor	on this report or supplemental report is true poration or the receiver or truetee empowere	and accurate and that my signated to execute this report as required.	ure shall ha ed by Chap	ve the same legal elfe ster 617, Florida Statut	ct as it made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if					
indicated on this report or supplemental report is true and occurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to effect 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 block like empowered.										