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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **731885** **(0)**

1. Corporation Name
INTERFAITH JAIL MINISTRIES, INC.

Principal Place of Business	Mailing Address
ESCAMBIA COUNTY JAIL P.O. BOX 18111 PENSACOLA FL 32523	ESCAMBIA COUNTY JAIL P.O. BOX 18111 PENSACOLA FL 32523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/17/1975**
3a. Date of Last Report: **06/24/1994**
4. FEI Number: **59-1591810** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARRELL, C MINER
307 S. PALAFOX ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	NOONAN, W.J. III	12 NAME	
STREET ADDRESS	2720 BLACKSHEAR AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WEEKLEY, JANE, MRS.	22 NAME	
STREET ADDRESS	4957 SOUNDSIDE	23 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	D ☑ Change ☐ Addition
NAME	HARRELL, C. MINER	32 NAME	Harrell, C. Miner
STREET ADDRESS	307 S. PALAFOX STREET	33 STREET ADDRESS	307 S. Palafox Street
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Pensacola FL 32501
TITLE	VD	41 TITLE	PD ☑ Change ☐ Addition
NAME	NOBLES, W.D. III	42 NAME	Nobles, W.D. III
STREET ADDRESS	2920 BLACKSHEAR AVE.	43 STREET ADDRESS	2920 Blackshear Ave.
CITY-ST-ZIP	PENSACOLA FL 32503	44 CITY-ST-ZIP	Pensacola FL 32503
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	MARTIN, MYRA	52 NAME	
STREET ADDRESS	6450 BIRKHEAD DR.	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.J. Noonan III April 13, 1995 1-904-433-8925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607(416