

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

ESCAMBIA COUNTY JAIL
P.O. BOX 18111
PENSACOLA FL 32523

Mailing Address

ESCAMBIA COUNTY JAIL
P.O. BOX 18111
PENSACOLA FL 32523

3. Date Incorporated or Qualified
02/17/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registrant agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO ☐ DELETE
NAME NOONAN, W.J. III
STREET ADDRESS 2720 BLACKSHEAR AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☒ DELETE
NAME WEEKLEY, JANE, MRS.
STREET ADDRESS 4957 SOUNDSIDE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☐ DELETE
NAME HARRELL, C. MINER
STREET ADDRESS 307 S. PALAFOX STREET
CITY-ST-ZIP PENSACOLA FL

TITLE PD ☐ DELETE
NAME NOBLES, W.D. III
STREET ADDRESS 2920 BLACKSHEAR AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE SD ☐ DELETE
NAME MARTIN, MYRA
STREET ADDRESS 6450 BIRKHEAD DR.
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Anne Hart
1.3 STREET ADDRESS 4575 Francisco Place
1.4 CITY-ST-ZIP Pensacola FL 32503

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 04/16/96 438-8925 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)