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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32523-8111**

3. Date Incorporated or Qualified
02/17/1975

3a. Date of Last Report
04/19/1996

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

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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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NOONAN, W.J. III	
STREET ADDRESS	2720 BLACKSHEAR AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, ANNE	
STREET ADDRESS	4575 FRANCISCO PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRELL, C. MINER	
STREET ADDRESS	307 S. PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOBLES, W.D. III	
STREET ADDRESS	2920 BLACKSHEAR AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, MYRA	
STREET ADDRESS	6450 BIRKHEAD DR.	
CITY-ST-ZIP	PENSACOLA FL 32508	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, MYRA	
STREET ADDRESS	6450 BIRKHEAD DR.	
CITY-ST-ZIP	PENSACOLA, FL 32506	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOODS, BETTY	
1.3 STREET ADDRESS	4170 APRIL ROAD	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32504	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTIN, MYRA	
2.3 STREET ADDRESS	6450 BIRKHEAD DR.	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32506	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.D. Nobles III** **April 15, 1997** **1-904 436-9507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073195

CR2E037 (9/96)