

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90439 018 ****61.25

0017835

DOCUMENT # 731885

1. Entity 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**

929483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1591810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, EARL
307 S. PALAFOX ST.
1810 N 58TH AVENUE
PENSACOLA FL 32506**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **MCDONALD, NEIL**
STREET ADDRESS **4696 PETRA CIRCLE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **PD** ☐ Change ☐ Addition
NAME **Lee, Earl**
STREET ADDRESS **1810 N. 58th Avenue**
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **D** ☐ Delete
NAME **KEGERREIS, SHIRLEE**
STREET ADDRESS **4615 CHRISTY DR.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Lohmeyer, Richard**
STREET ADDRESS **1307 Calcutta Drive**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE **TD** ☒ Delete
NAME **SOULE, TED**
STREET ADDRESS **316 S BAYLEN ST SUITE 560**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **TD** ☒ Change ☐ Addition
NAME **Kegerreis, Shirlee**
STREET ADDRESS **4615 Christy Drive**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **PD** ☐ Delete
NAME **LEE, EARL**
STREET ADDRESS **1810 NORTH 58TH AVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **Wertz, Bruce**
STREET ADDRESS **6395 Antietam Drive**
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **D** ☒ Delete
NAME **MARTIN, MYRA**
STREET ADDRESS **6450 BIRKHEAD DR.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 March 2001 (850) 476-5031

Date

Daytime Phone #

CR2E037 (10/00)