

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731885

1. Entity Name

INTERFAITH JAIL MINISTRIES, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90113 014 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1591810

Applied For

Not Applicable

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 PD
NAME LEE, EARL
STREET ADDRESS 1810 N. 58TH AVE
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

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

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

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

TITLE VPD
NAME LOHMEYER, RICHARD
STREET ADDRESS 1307 CALCUTTA DR
CITY-ST-ZIP GULF BREEZE FL 32561 ☒ Delete

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

TITLE SD
NAME WERTZ, BRUCE
STREET ADDRESS 6395 ANTIETAM DR
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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
Shirlee C. Kegerreis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

27 January 2002 (850) 476-5031

Date

Daytime Phone #

CR2E037 (9/01)