2007 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

Jan 08, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #731885** 01-08-2007 90250 041 ****61.25 1. Entity Name INTERFAITH JAIL MINISTRIES, INC. Principal Place of Business Mailing Address **ESCAMBIA COUNTY JAIL** ESCAMBIA COUNTY JAIL P.O. BOX 18111 P.O. BOX 18111 PENSACOLA, FL 32523 PENSACOLA, FL 32523 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1591810 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WERTZ, BRUCE Street Address (P.O. Box Number is Not Acceptable) 6395 ANTIETAM DR PENSACOLA, FL 32503-7501 Zip Code FL 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. I am familiar with, and accept Bruce N. WERTZ the obligations of registered agent. SIGNATURE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE VAN NORMAN, JARVIS NAME NAME STREET ADDRESS STREET ADDRESS 6674 FERNWOOD DR CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP ☐ Addition TD ☐ Delete TITLE TITLE WERTZ, BRUCE N NAME NAME STREET ADDRESS STREET ADDRESS 6395 ANTIETAM DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 325037501 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CAMARGO, MARIA NAME STREET ADDRESS STREET ADDRESS 449 SCEPTOR CT CITY-ST-ZIP CANTONMENT, FL 32533 CITY-ST-ZIP Change ☐ Addition TITLE **X** Delete TITLE KEITH HARRISAIVE 2012 JOSHUA PRIVE SOUTHERS, DONNA MAME NAME STREET ADDRESS 516 WEST CHASE ST STREET ADDRESS PENSACOLA, FL 32502 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

reaguren

FILED