

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90142 007 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**Wertz, Bruce**

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

**6395 Antietam Drive**

City

**Pensacola,**

**FL**

Zip Code  
**32503**

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 the obligations of registered agent.

SIGNATURE

*[Signature]*

**23 January 2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **Hudson, Helen**  
STREET ADDRESS **1915 East Leonard Street**  
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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]*

**23 January 2003 (850) 477-6988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)