

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745917

1. Entity Name

JIM RUSSO PRISON MINISTRIES, INC.

Principal Place of Business

Mailing Address

2106 26TH AVE. E.
BRADENTON FL 34208

P O BOX 768
BRADENTON FL 34206-0768

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

59-1881549

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

Name

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

City

FL

Zip Code

RUSSO, JEAN FRENCH
5954 7TH AVE. W.
BRADENTON FL 34209

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

TITLE NAME	TD BENNETT, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	4701 FAIR DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE NAME	D TINDALL, CORATA	<input type="checkbox"/> Delete
STREET ADDRESS	3616 27TH ST. E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE NAME	D MEYLAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	210 68TH ST	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	
TITLE NAME	SD STOUT, LAURA RUSSO	<input type="checkbox"/> Delete
STREET ADDRESS	7615 VERA BETHNEY RD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE NAME	M MILLER, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	2106 26TH AVE. E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE NAME	C RUSSO, JEAN FRENCH	<input type="checkbox"/> Delete
STREET ADDRESS	5954 7TH AVE	
CITY-ST-ZIP	BRADENTON FL 34209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Tindall, Coreta	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3616 27th St. E	
CITY-ST-ZIP	Bradenton, Fl. 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	D Meylan, Robert	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6415 21st Ave. W., Apt. C-404	
CITY-ST-ZIP	Bradenton, Fl. 34209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	Russo, Laura	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2441 Tulip St,	
CITY-ST-ZIP	Sarasota, Fl. 34239	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90780 048 ****61.25



DO NOT WRITE IN THIS SPACE

0085541

CR2E037 (9/01)

4/4/02 941-746-3712