

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769697

FILED
Apr 14, 2009
Secretary of State

Entity Name: ORANGE COUNTY JAIL MINISTRY, INC.

Current Principal Place of Business:

3741 VISION BLVD
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 568521
ORLANDO, FL 328568521 US

New Mailing Address:

FEI Number: 59-2406715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRED D. CLARK
1409 KNOLLWOOD ST.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VCDT () Delete
Name: CLARK, FRED
Address: 1409 KNOLLWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: NORMAN, GEORGE J SR
Address: 306 WILD OLIVE LAND
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: BROWDER, ANNE S
Address: 6370 LIDO COURT
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: ST. JOHN, FRANK
Address: 231 FLAME AVE.
City-St-Zip: MAITLAND, FL 32751

Title: CD () Delete
Name: JOSEPH, GEORGE P
Address: 5055 DOWN POINT LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED D CLARK

VCDT

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date