

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90318 004 \*\*\*\*75.00

**DOCUMENT # N00000007014**

1. Entity Name

**FREEDOM BEHIND BARS PRISON MINISTRY, INC.**

Principal Place of Business

Mailing Address

3952 NW 176 TER  
 CAROL CITY FL 33055

3952 NW 176 TER  
 CAROL CITY FL 33055

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

**65-1067121**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICKSON, JEREMIAH**  
**3952 NW 176 TER**  
**CAROL CITY FL 33055**

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	DP	<input type="checkbox"/> Delete
NAME	NICKSON, JEREMIAH	
STREET ADDRESS	3952 NW 176 TER	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NICKSON, DORA	
STREET ADDRESS	3952 NW 176 TER	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WEST, BARBARA Y	
STREET ADDRESS	5015 NW 178 TER	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDD, BRANNOCK	
STREET ADDRESS	17410 NW 27 AVE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, MIKEAL	
STREET ADDRESS	1600 NW 11 AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINS, RUDOLPH	
STREET ADDRESS	4400 NW 11 AVE	
CITY-ST-ZIP	MIAMI FL 33127	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeremiah Nickson* **Jeremiah Nickson** 03/07/02 (305) 625-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #

CR2E037 (9/01)