

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007014

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: FREEDOM BEHIND BARS PRISON MINISTRY, INC.

**Current Principal Place of Business:**

3952 NW 176 TER  
CAROL CITY, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

3952 NW 176 TER  
CAROL CITY, FL 33055

**New Mailing Address:**

FEI Number: 65-1067121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NICKSON, JEREMIAH  
3952 NW 176 TER  
CAROL CITY, FL 33055      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: DP      ( ) Delete  
Name: NICKSON, JEREMIAH  
Address: 3952 NW 176 TER  
City-St-Zip: CAROL CITY, FL 33055

Title: DV      ( ) Delete  
Name: NICKSON, DORA  
Address: 3952 NW 176 TER  
City-St-Zip: CAROL CITY, FL 33055

Title: DS      ( ) Delete  
Name: WEST, BARBARA Y  
Address: 851 N. W. 58 STREET  
City-St-Zip: MIAMI, FL 33127

Title: D      ( ) Delete  
Name: PORTER, MIKEAL  
Address: 1600 NW 11 AVE  
City-St-Zip: MIAMI, FL 33056

Title: D      ( ) Delete  
Name: HUTCHINS, RUDOLPH  
Address: 4400 NW 11 AVE  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title:      ( ) Change ( ) Addition  
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 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: JEREMIAH NICKSON

DP

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date