


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003703

1. Entity Name
MOTHERS OF INCARCERATED SONS, INC.



Principal Place of Business
**5029 NORTH LANE
 STE. 8
 ORLANDO, FL 32808**

Mailing Address
**P.O. BOX 160576
 ALTAMONTE SPRINGS, FL 32716 US**

DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3731742 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRACE, SHERRY
 109 CUMBERLAND CIRCLE E.
 LONGWOOD,, FL 32779**

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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 *Sherry Grace, Sherry Grace 02-02-05* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FED GRACE, SHERRY 109 CUMBERLAND CIRCLE E LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXED WALKER, SHIRLEY 650 CANBY CIRCLE OCOOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC HOLLAR, CECIL J 112 LAKE DARBY PL. GOTHA, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GRACE, SHERRY 109 CUMBERLAND CIR. E LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/08/05-80013-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sherry Grace, Sherry Grace 02-02-05 407 729-7526* DATE Daytime Phone #