


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
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01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3731742	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 02-03-05 **DATE**

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

100000219033
02/08/05-80013-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Sherry Grace, SHERRY GRACE 02-03-05 407-729-7526 **DATE** **Daytime Phone #**