

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003071**

1. Entity Name  
**SPANISH JAIL MINISTRY, INC.**



Principal Place of Business  
**322 WOODBURY PINES CIRCLE  
ORLANDO, FL 32828**

Mailing Address  
**322 WOODBURY PINES CIRCLE  
ORLANDO, FL 32828**



01062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-3648091</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CARDENAS, MARCO DR.  
322 WOODBURY PINES CIRCLE  
ORLANDO, FL 32828**

**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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

*1/18/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	RODRIGUEZ, ELOY
STREET ADDRESS	1053 SOPHIE BLVD
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	SD
NAME	GONZALEZ, LEONARDO
STREET ADDRESS	951 WHARF LANE
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000815726  
02/14/08-80021-011 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/18/08*