

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 006 ****61.25

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1. Entity Name
JAIL MINISTRIES & OUTREACHES, INC.



Principal Place of Business
101 LISA ANN TRAIL
PALATKA, FL 32178

Mailing Address
POST OFFICE BOX 1014
PALATKA, FL 32178



04262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1162175

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES P
101 LISA ANN TRAIL
PALATKA, FL 32178

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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, JAMES P
STREET ADDRESS	101 LISA ANN TRAIL
CITY-ST-ZIP	PALATKA, FL 32178
TITLE	VT
NAME	CAMPBELL, CATHY
STREET ADDRESS	104 RIVER OAK COURT
CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	T
NAME	TREMBLY, ROY
STREET ADDRESS	194 YELVINGTON ROAD
CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 26 06 (386) 328-6694
Date Daytime Phone #